Oral Hygiene

VOL. 35, NO. 11	NOVEMBER 1945
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EDITOR

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B.S., D.D.S.

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EDITOR EMERITUS

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Marcella Hurley

B.A.

Important Clinical
Investigation shows—

95% GINGIVITIS CASES IMPROVED IN 30 DAYS

Out of a group of patients given individual dental examinations, 795 were found to be Gingivitis cases.

Approximately half the patients were first given prophylaxis. ALL were instructed to massage gums with Forhan's toothpaste. In 30 days:

95% of the Gingivitis cases showed marked improvement 100% of those having normal gums maintained gums in healthy condition

Surely these significant results should justify *your* recommending Forhan's with massage as an effective home adjuvant to help guard against Gingivitis!

Forhan's with massage

For Firmer Gums - Naturally Sparkling Teeth



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Picture of the Month



This Chinese dentist in Peiping carries his office in a box and moves about from place to place unhampered by such things as leases and landlords. Note the interested audience, the large forceps on the worktable. There is also a supply of trays used for making impressions of the mouth.—Authenticated News Photograph.

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.

IN A MEDICAL COOPERATIVE ASSOCIATION

By DUVON CLOUGH CORBITT*

FROM MODEST beginnings by Spanish immigrants in Cuba some eighty years ago there have developed in the island admirable cooperative medical associations which, for a moderate monthly quota, furnish efficient health service for persons with humble incomes. A member of these quintas, as the cooperatives are called, is entitled to receive the services of visiting physicians, consulting physicians, midwives, nurses, surgeons and specialists in all phases

of medical practice, as well as hospitalization, medicine, x-rays, physiotherapy, analyses, blood transfusions, treatment of eye diseases, and a wide range of dental services.

The quintas are private institutions, free from government control beyond the necessary regulations that govern the practice of medicine, the operation of hospitals, and general sanitation. In some cases, especially in the associations of Spanish immigrants, control is vested in officers elected by the membership. Recently, however, the tendency has been for physicians, dentists, and others to set up cooperatives and offer their services to dues-paying members. There are usually in the group persons who contribute managerial

¹Corbitt, D. C.: Health Without Doctor Bills, The Inter-American 4:23 (May) 1945.

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^{*}Professor Corbit has been head of the history department of Columbia College, Columbia, South Carolina, and spent fourteen years in Cuba as an instructor in history. He has been reappointed professor of history, Candler College, Havana.

**Howkitt, D. C.: Health Without Doctor Bills. The

A North American finds in Cuban cooperative medical groups a possible pattern for wider distribution of health care in this country.

ability rather than skill in some branch of the medical profession. The cooperatives are doing an excellent service in bringing health services to the residents of Cuba, and they are constantly widening the scope of the services covered by the monthly dues, which range from \$1.50 to \$3.00. Even a wide range of ordinarily expensive dental service is offered.

In the Cooperativa Médica de La Purisima, to which my family belonged in Havana, I paid the sum of \$4.50 per month for my wife, my son, and myself for the rights mentioned here. This was \$2.00 each for my wife and me, and fifty cents for my son up to the age of fourteen years. This particular quinta has its own hospital, pharmacy, clinic, dental oflaboratories, ambulances and automobiles for visiting physicians. There are some thirty-six practitioners, including specialists, on the Havana staff of the organization, and others in cities and towns in the interior. Most of these persons have other fields of service. Some are employed in government and private hospitals, while others have private practices. The time dedicated to the quinta by the physicians varies from two to thirty hours per week. The dentists employed serve in the

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dental offices from fifteen to thirty hours per week each.

Not infrequently the reputations established in the quintas enable the physicians and dentists to build lucrative private practices among the more wealthy elements of the population. To consult at a quinta it is necessary to arrive one-half hour before any particular physician or dentist begins consultation, obtain a number, and await your turn. There are persons. even of moderate means who prefer to consult privately in order to avoid this loss of time. In my own experience, I found that I lost little more time waiting for my turn at the quinta than in the waiting rooms of private practitioners.

The only health services not completely covered by the monthly dues are orthopedic apparatus prescribed by physicians and surgeons, eyeglasses recommended by oculists, and material used in permanent restorations for teeth. crowns, partial and full dentures. I should add, perhaps, that there is a small charge, usually \$1.00, for a prophylaxis; this service being classed as a luxury. Even so, dental treatment included in the dues is extensive; examinations. extractions (with an anesthetic when needed), treatment of gingival disorders and other mouth

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diseases, roentgenograms, and cement "fillings"; the last being replaced if necessary. When permanent amalgam restorations, crowns, partial or full dentures are desired, a charge is made which is usually about half the amount the same dentist charges a private patient.

Dental Service Offered

My wife and I joined the quinta thinking only of the medical advantages. Up to that time neither of us had been confronted with many dental problems, but as the needs arose, and we became aware of our rights in the dental department, we were only too glad to find this added advantage. We found able dentists whom we would have been glad to consult outside of the quinta. During the ten years we enjoyed this privilege we received a variety of treatments. I developed a serious gingival infection which required treatment over some months. Suspecting abscesses, the dentist called for roentgenograms of four teeth, and while treating one tooth he had it xrayed three times. One amalgam restoration at this time cost me \$2.00. My wife had the good fortune not to need much dental service, but a cement "filling" she had placed is still holding well after seven years. The dental care my son received was limited to periodic examinations to see if dental treatment was needed, the removal of some deciduous teeth, and treatment for a fungus growth that was

discoloring some of his teeth.

In the Instituto del Viejo, a quinta for persons over sixty, my mother-in-law and father-in-law enrolled themselves while visiting us for about eleven months. During this period my father-in-law had nineteen teeth extracted and he was treated for a gingival infection; the only charge being \$35.00 for dentures. My motherin-law had three teeth extracted and in three others cement "fillings" were placed, without extra charge. All these services were most satisfactory; the cement "fillings," for instance, are still good after a lapse of six years. I should explain, perhaps, that in this quinta for elderly persons the monthly dues varied slightly according to health conditions revealed by the examination at the time of entrance. My mother-in-law, for instance, paid \$2.00 whereas her husband paid only \$1.50. This quinta was organized especially for persons who, for some reason, had neglected to join a cooperative earlier in life. The services were not quite as ample as in other quintas which have an age limit for new members. Once a member of a quinta, however, services are available as long as life lasts, and even after; for a modest burial is given, if desired, or its money equivalent paid on a more expensive funeral. The only requirement for continued membership is regular payment of dues.

It should be noted that members of the cooperatives are not limited 1945

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to the services of one physician or dentist, except in the more specialized fields, and then only in the smaller organizations. Even the small quintas employ more than one dentist, while the larger ones have many, along with a number of specialists in each branch of medical practice. The members of a given quinta are not only free to choose among the members of the staff, but may change from one physician or dentist to another without fear of arousing professional jealousy. The qualifications of the various practitioners are as freely discussed and recommended by the membership of a cooperative as are the abilities of dentists and physicians in private practice in our country. Furthermore, it is possible to change from one quinta to another, the only drawbacks being the necessity to wait two months to consult for anything except an emergency, and to wait a year to be eligible for burial benefits. Aching teeth are considered emergencies.

In view of my experience in a Cuban quinta I am frequently asked whether I think that a similar system would work in the United States. To this I reply that I believe that such a plan is not only feasible but that something like it must be adopted if we are to prevent health services from passing into the hands of the government. It is not necessary to be a prophet to be able to detect the rapidly growing discontent with the increasing cost of dental and medical

care. If not heeded in time this may lead to inescapable demands for the states of the Nation to take over the whole health program of our country. It is easy to see that this would mean that physicians, dentists, and other practitioners would become government employees with their fields of labor specified by a government agency. It would mean also that the individual patient would be obliged to accept whatever health services this agency might apportion to him, the only remedy for unsatisfactory service being political action.

Plan Merits Study

There are not wanting in our country persons who see this trend, and who are trying to meet the need. Out of this has come hospital insurance and other attempts to bring health care within reach of the resources of the great mass of our people. To those who are working toward a solution of the problem; to the laymen who sense the need for a better plan to bring the advantages of medical science to those of moderate means; and to the medical and dental professions in particular, I should like to suggest a careful study of the highly satisfactory system of medical cooperatives that has been developed in Cuba out of eighty years of experience. Naturally, there is room for improvement, but the quintas provide for the needs of the laboring people and the lower middle

(Continued on page 1933)

WHAT

I WANT

WHEN

I RESUME

PRACTICE

By AN ARMY DENTAL OFFICER

Specific suggestions on how organized dentistry may aid the returning Service dentist.

We, 25,000 of us, will be going back home... to reopen our offices... unwrap our equipment... and then wait.



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alm you look FOR SOME TIME before my entry into the armed forces, I served as editor of my county dental society publication. During this period large numbers of dentists were being drawn out of their offices and into uniform, and attempts were being made to devise ways of protecting the practices of the men going to war.

Since the county in which I practiced is a large one, and our active membership totaled well over four hundred, it is easy to see that I was the recipient, by mail, telephone, and street corner conversation, of various plans, each one believed by its creator to be a veritable "panacea," and by the same token believed to be worthy of publication. These plans varied from spending three days a week in the office of the departed serviceman, to keeping a complete and separate file of patients treated to be returned when the veteran returned to practice, and refusing to give any extensive restorative service, confining treatment to emergencies. All were noble, altruistic, and possessed of the loftiest ideals.

Since then much has happened. You may picture my consternation, when, walking along my home town's main street on my last leave, I met several of my patients; I should say, in fact, I will say, former patients. The conversation went something like this:

Mrs. Jones: "Why, Doctor, I almost didn't recognize you in your uniform. My, how nice you look!"

Me: "It's nice to see you again, Mrs. Jones. How are you? And Mr. Jones, and the children?"

How they are or were is not really important, so we'll skip that part of the conversation.

Mrs. Jones: "Tell me, Doctor, when the war is over, do you expect to go right back to your office, or are you going to school first?"

Me: "School, Mrs. Jones? Why should I go back to school? I graduated!"

Mrs. Jones: "Well, Doctor Soand-So—you see we had to have some treatment and you've been away such a long time now—well. Doctor So-and-So says that all the dentists in the Army are going to have to go back to school to study again. He says you all got into bad habits in the Army, with so much to do."

Home Town Pals

About the only thing that kept me from exploding was the temperature, it being about five degrees above zero. Later in the day, I encountered a similar experience and before my leave was up several more former patients asked about my plans for the future. One told me that his present dentist said that we in the Service were missing all the "new methods."

Is this vicious propaganda the illegitimate child of all those won-derful ideas that I mulled over before selecting two or three for publication in our *Journal?* Are the thousands of dentists all over the

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country who ignored the efforts of the Procurement and Assignment agencies (published figures will attest to this) or who for real or fancied ailments escaped military service willing to prostitute themselves by committing the worst possible breach of professional ethics? This didn't just happen to me. It has happened to many others from different sections of the country. Neither are many of our dental publications helping matters by constantly referring to the great need of "refresher" courses for returning servicemen.

Is There an Answer?

Could I possibly have counteracted this whispering campaign by
standing on that windy, snowy corner and telling Mrs. Jones that I
didn't need any "refresher" courses,
and neither did thousands like me?
Should I have told her that my
period of Army service was one
long period of postgraduate instruction by virtue of countless
varieties of clinical experiences,
and consultations with men from
all sections of the country?

Should I have said further, "Mrs. Jones, I am a far better dentist now than when I left here. I have compared my technique with men from California, Nebraska, Texas, Illinois, New York, New Jersey, Minnesota. In fact, I have met and discussed dentistry under clinical conditions with men from almost every state in our country. I have learned from them and they have learned from me." I might as

well have tried to melt the snow with my indignation as raise my voice in protest against this calumny. The damage had been done. The seed of doubt had been sown.

This bloody and costly conflict is over now, and we, 20,000 of us, will be going back home, some from overseas, some from stations in the United States, but all with the same general idea: to reopen our offices, unwrap the equipment, clean the place up and then-wait. I shall not dwell upon any of the "beefs" that have been expressed in print, or those which could not be expressed in print, about the many instances of unfairness in the Dental Corps, or the inequality of rank as compared with the Medical Corps officers. When I reopen my office I won't care about, nor will I want to remember, the bad assignments, those who failed to get the promotions they thought they should have, that dental officers didn't have (until recently) the right to command, or that we didn't have a place to lounge except the washroom, and that the commanding officers of the dental clinics either couldn't or wouldn't do a day's work. They were part of the price we had to pay and they will pale into insignificance by comparison with the one great issue I shall care about. What about the future? How can I get my patients back?

If there is one thing which organized dentistry can do for the returning men it is to see that they get off to a good start. I am 1945

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orthe that listing the benefits which I believe lie within the control of the various dental societies.

1. An appeal to those men who remained in civilian practice throughout the war to decline further treatment of those patients formerly cared for by returned servicemen.

2. An ethical announcement card, furnished by the secretary of the local dental society, which the returning serviceman could mail to his former patients informing them of his return to practice.

3. Establishment of committees within the various local societies for eliminating the red tape encountered in the purchasing of supplies and equipment through the Surplus Commodities Corporation, and for keeping a close check to prevent such purchases by other than ex-servicemen.

4. Establishment of a committee to study and make available all benefits under the G I Bill of Rights, including continuation of education and exemptions under the tax laws.

5. Establishment of a committee to make loans out of society funds to those needy men who do not or cannot qualify for other loans.

6. I dislike the term "refresher" course. I prefer to think that returning dental officers will want to continue their education along graduate and postgraduate lines. It is obvious that the number and geographic locations of our dental schools make it impossible to accommodate more than a small percentage of returning dentists. Dental societies, through their Postgraduate Committees, could offer such courses.

ORAL HYGIENE AWARD

THE \$100 award for the best article published in this month's issue of ORAL HYGIENE was won by the Army Dental Officer who wrote WHAT I WANT WHEN I RESUME PRACTICE.

DENTAL HEALTH OF UNIVERSITY STUDENTS IMPROVES

A STUDY of the records of University of Michigan students at the Michigan Health Service shows that present-day students are taller, heavier, and possess better teeth and better general health than the students of twenty-five years ago. Sixty-nine per cent of the men have healthy teeth today as against 43 per cent twenty-five years ago. Women students have improved in this respect from 76 to 81 per cent.



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TO MAKE A DENTIST?

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isten dent tuiti Dental progress depends on qualifications and selection of candidates for dental education.

By JOHN W. COOKE, D.M.D.

THE SELECTION of a vocation or a career is a serious matter. It would be serious even though it involved success alone. It is the more serious because a mistaken choice can carry with it frustration, failure, and discredit to the vocation or career selected. In the case of dentistry, it should not be sufficient to become a dentist simply because of some family relationship, or because it may be used as a backdoor entrance to medicine. Accredited men are correct in seeking improved methods of selecting suitable credentials for entrance into dentistry in the hope that the level of the profession may be raised and the percentage of failures reduced. Thus, through the acquisition of quality personnel, dentistry may continue to advance.

The educational process is an expensive procedure. It always costs more than the student pays. It is reasonable to expect that endowment support forthcoming in the years following this war will mean less emphasis upon student financial contributions and will attach more importance to the character of the student candidate. No dental school is worthy of existence that accepts students in dentistry merely because of the tuition they can pay, or the con-

tributions such students may make to a profitable clinical infirmary.

The young person seeking dentistry as a career must offer qualifications which include cultural education, a scientific curiosity, and a definite promise of manual aptitude. The efforts of all accredited bodies should receive the support of dentists everywhere. Such support, however, should be a critical one, and errors in selecting students should be the concern of all dentists.

Dentistry, a branch of health service, is concerned with securing acceptable candidates for dental education. Recently there has been abundant publicity attendant upon an effort at the selection and training of students in dentistry. Much of this publicity was unfortunate. Some of the expressions used in correspondence, as quoted in several press releases, were not in keeping with the intelligence of the person or persons using these expressions. The term "race" was employed when "religion" or "people" was probably intended. And the age-old skeleton, "anti-Semitism," was again exhumed and put on public view.

How idiotic! The press response was just as idiotic as the stimulus to the response; because the press response indicated that the socalled minority groups concerned are extremely sensitized to the possibility of injury. Sometimes, in fact, they may strike out, replying to charges which may never have been intended to hurt.

Selection of Students

Is it possible that there are "too many fingers in the pie"? In dentistry, for example? Our dental schools are, or should be, authentic departments of universities. Their respective admission boards are studiously concerned with the attraction of student candidates as much in keeping as possible with the future position of this profession in relation to the social structure as a whole. Watching these admission boards are bodies of men representing dentistry, and others serving the several states as legal accrediting committees. Variations in standards for admission to dentistry have depended, for the most part, on the relative positions of dependence or independence of the dental school concerned. In other words, it costs money to become a dentist. It costs money to run a dental school. This money has to come from somewhere. If there is a prospect of income other than from student tuition or infirmary profits, then the institution concerned can afford to become somewhat selective with respect to intellectual qualifications.

This country is made up of almost all colors, almost all races, and of all religious creeds. Why else have a Bill of Rights? Or, why have a Bill of Rights if you

cut it in two or fail to apply it all of the time to everybody? Is there any human good in an all-Negro, all-Jewish, all-Aryan student society? As to Aryan, Mr. Hitler tried that, and it didn't happen to work. The Aryan business never could have worked.

What does it take to make a good dental student? Probably no person or no admissions committee will take the responsibility for saving in advance what this is. What admissions authorities are trying to do is to reduce the percentage of misfits and failures to a minimum and to improve the caliber of the student candidate with each succeeding university generation That is what the Council on Dental Education is trying to do. That is what the State Boards have always been formed to attend to. That is what each dentist, in his own small way, is expected to contribute to, with his time, his levalty, his own professional advancement. That is what the public expects.

What does it take to make a good dentist? Does anyone know? Do grades and averages in any subjects determine the future worth of the prospect? Not always; not as often as you might expect. Does social position? I wouldn't say so. Does integrity? Yes. Does firm purpose? Yes. Does a love for people? Yes. Do all the other factors which make a distinguished citizen? Yes.

If any religious group, or racial group, or color group in this coun-

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try is monopolizing candidates for entrance to any vocation which can dignify itself by needing to be selective, then there is something wrong either with the profession or with the admissions requirements governing the selection of candidates.

If there is a racial or religious group so superior to other groups intellectually that it can surpass them in any mental test, then the requirements for admission to dental education should undergo a sharp revision. But we should at the same time find out why, in a country that is supposed to offer equal educational advantages to all, certain groups can surpass others. Is it because of weakness in our educational system or the result of laziness or indifference on the part of some sections of the public? What dentistry needs is a scale of balanced living and balanced standards, a combination of intellectual acuity, technical prospects, and growth in citizenship. From such elements dentistry can have representative candidates. It will have them. And, it will presently live down the bad taste which was caused by raising the issue of racial prejudice.

It is healthy to believe constructive and optimistic things. The dental profession is an important but a small segment of the American way of living. If it should happen that forces in power in organized dentistry are not planning for the greatest social good, but are envisioning prejudice, discrimination, and hate, then the distinction on moral grounds between such powers and the recently disgraced and defeated murderers of Europe is difficult to find.

60 Charlesgate West Boston, Massachusetts

THE COVER

ORAL HYGIENE'S cover this month commemorates the one hundredth anniversary of the birth of Wilhelm Konrad Roentgen, and the fiftieth anniversary of his discovery of x-rays. The cover illustration is a full-color reproduction of a painting by Otto Hoefler of Chicago. The artist was commissioned by the General Electric X-Ray Corporation by whom the painting is to be presented to the American College of Radiology. Otto Glasser, Ph. D., of the Crile Clinic, Cleveland, a friend of Roentgen's, and a student of his life, collaborated with the artist.

FEDERAL FUNDS ASKED

FOR DENTAL RESEARCH AND CARE

S. S. Arnim, D.D.S., Ph.D.,* at public hearings on dental bills S. 190 and S. 1099 shows need for a National Institute of Dental Research and funds for treatment of dental disease.

DENTAL DISEASE is not dramatic. It does not kill its victims directly, save in rare instances. Patients suffering from serious dental disturbances are seldom sick in the common sense of the word. The end result of this dangerous situation is an innocent unawareness on the part of the public of the devastating crippling effect of this disease.

It has required a national emergency in the form of war to focus the spotlight of attention on this most common of all ailments: dental disease. It has required a rehabilitation program of gigantic proportions to render military personnel dentally fit for active duty. It has required unusual foresight, a broad sense of true values, and the courage to plead for the non-dramatic, to introduce bills providing federal funds for dental research and dental care.

The dental profession has struggled long and hard with notable success to overcome those difficulties encountered in rendering a complete health service to all the people. It is fully aware that much more must be done in order to prevent conditions that have resulted in the present dental health status of the population. It will welcome

^{*}Excerpts from a statement made before the Subcommittee on Health of the U. S. Senate Committee on Education and Labor by Doctor Arnim, Chairman of the Committee of Research and Graduate Study, School of Dentistry, Medical College of Virginia, Dental bills S. 199 and S. 1099 were sponsored by the Council on Dental Health and the Committee on Dental Legislation of the American Dental Association.

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help in the form of funds and wise counsel from all sources. Institutions and research workers in this field will be particularly grateful for an opportunity to secure funds for dental research and service from a source that is cognizant of the great need for those funds. Bills S. 190 and S. 1099 are intended to provide funds for these purposes and to provide an administrative mechanism that will safeguard the interests of the public and the profession. It is my opinion that passage of these bills promises a potential return in health value far greater than our fondest hopes.

What is a well-planned attack on the problems of dental research and services? Where can funds be best spent? Dental education has followed the pattern set by medicine fairly closely. Within recent years men trained in the basic sciences have found places on the faculties of dental schools. It is from men with training in dentistry and special intensive training in the basic sciences and research methods that we may hope for best results. There are a few individuals with this type training doing research and teaching today. They are far too few for best results. Nevertheless, we can point with pride to some of their recent useful discoveries.

Major V. H. Dietz has made significant contributions in the specialized construction of somatic prostheses. His collaboration in the development of the acrylic eye, the transparent acrylic ear, and other restorative devices, has been of the greatest value. The discovery by Robert Stephan, sub-

PUBLIC HEARINGS ON DENTAL LEGISLATION

At the hearings before the Subcommittee on Health of the U. S. Senate Committee on Education and Labor, Senator Claude Pepper, Chairman, made the following statement:

"We are holding simultaneous hearings on the two bills because they quite clearly supplement one another. S. 190, introduced by Senator James Murray, would further the development of dental research by establishing a National Institute of Dental Research. S. 1099, introduced jointly by Senator George Aiken and myself, is a dental care bill which would provide funds to the states and localities to assist them in putting into practice existing dental knowledge, as well as the new knowledge that will be acquired if Senator Murray's bill becomes law . . . The purpose of S. 1099 is to get teeth filled; the purpose of S. 190 is to discover means of preventing teeth from having to be filled."

2.

stantiated by the researches of L. S. Fosdick, of the fact that some carbohydrates form acids on tooth surfaces within a few minutes after they have been introduced into the mouth has revolutionized thinking concerning tooth decay and its prevention. It requires little imagination to conceive that a center. such as that proposed in S. 190, a National Institute of Dental Repopulated with dental search. scientists, might well discover a means to prevent tooth decay. With funds available for this purpose dental schools could institute graduate programs comparable to those now existent in the other sciences. These programs would produce a continual supply of young men specially trained to combat the problems of dental disease.

The problem of dental health service for all individuals, regardless of financial status, race, religion or color, is of great immediate consequence. In my opinion the most sensible attack on this problem lies in the research program outlined which will eventually eliminate much of the need for dental service as we understand this need today in the terms of bridges and other restorations. This does not eliminate the fact that there is a need now. Nor does it eliminate the fact that it is to the Nation's welfare to have its citizenry physically fit at all times. We could train certain dental personnel in the graduate centers in methods that are particularly applicable to the dental needs of children in our public school systems. Many states now have dental divisions in their departments of Public Health. The personnel of these divisions could be increased and the methods of treatment studied and improved to meet the specific needs of large numbers of children.

In addition other young dentists could be given specific training under graduate programs for that special type of medico-dental service applicable in the various units of the Coordinated Hospital Service Plan. This training would include teaching in the realm of oral medicine, industrial dentistry, oral surgery, and restorative dentistry for large numbers of people. There has been a practical interest in regional health service evidenced by certain developments in professional schools during recent years.

The dental research and care bills, S. 190 and S. 1099, promise a greater return per dollar spent than any similar measure introduced to the Congress because so little research has been done and dental disease is so prevalent. Good results will be of universal value; they will benefit children, adults, Negroes, whites, soldiers, civilians, even you and me. It is to be hoped that funds voted for this purpose will not be less than the need.



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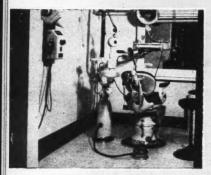
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So You Know Something About Dentistry!



- QUIZ XIV 1. The percentage of inorganic substances in enamel is (a) 84 per cent. (b) 97 per cent, (c) 90 per cent...... 2. When is Howe's ammoniacal silver nitrate solution most effective in arresting caries?..... 3. What is abrasion?..... 4. What governs the extension of the lingual flange of the lower denture? 5. What is eucha-percha? 6. Nathaniel Highmore is remembered for his description of what anatomical structure? 7. Which tapered fissure bur is the smallest, (a) 700, (b) 701, (c) 8. The greatest need for partial denture service in men is between the ages of (a) 20 to 30 years, (b) 31 to 40 years, (c) 41 to 50 years.
- 9. Which of the following is not a type of periodontitis, (a) traumatic, (b) chemical, (c) cosmetic, (d) infective?
- 10. How many dental schools are there in the United States, (a) 24, (b) 71, (c) 39?

FOR CORRECT ANSWERS SEE PAGE 1939



EQUIPMENT



OFFICE IN HOME



ENTERTAINMENT

WHY

DENTISTS'

INCOME

TAXES

MAY BE

TOO HIGH

By HAROLD J. ASHE

Tax counselor suggests ways to dentists to make proper deducts often overlooked in income to payments.

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Sec their their Dentists, disturbed by income taxes that appear to be excessive, might well devote some time between now and March fifteenth to discovering whether they are paying taxes only on real earnings or whether, as is the case with many professional people, they are also paying taxes on apparent earnings which, in fact, do not exist. Failure properly to compute depreciation of physical assets and to reckon all hidden business expenses may be the cause of an excessive income tax bill.

Dentists, generally, are likely to determine their net profit by deducting only book-recorded expenses from receipts without considering other costs of doing business not usually found in simple ledgers. Ignoring salaries, materials and supplies, and other orthodox expenses which are deducted from gross income to arrive at a net figure, what are items of expense overlooked by the average dentist?

First is depreciation of office fixtures and professional equipment. Annual depreciation may represent a larger factor in cost of doing business than seemingly major items carefully recorded. Thus, if a dentist has \$1,000 worth of equipment with twenty years' life expectancy, depreciation cost annually is \$50.

Dual-Purpose Property

Second: Many dentists operate their practices in conjunction with their homes, A dual-purpose property (home and office) confuses them as to which is business and which is residence. The Treasury Department recognizes that part of such an establishment is a business expense and may be so considered in making an income tax return.

If the property is rented the business may be charged with a prorata share of the rent, utilities, and other divisible expenses. This may range from 25 to 75 per cent, depending upon the division of the property as between home and business. Even a household maid's services, if her duties include cleaning offices and answering a business telephone, may be partly charged as business expense.

Where the taxpayer owns the property and uses it in part for professional purposes, he may also show certain expenses. Each of the following may be divided between personal and professional use, with the professional part deductible from gross income: 1. annual maintenance costs, such as painting, repairs, and others; 2. depreciation of property; 3. utilities; 4. insurance. (Interest on mortgage and real estate taxes are deductible as a personal item in any case.)

Third: The dentist is likely to bear the cost of business entertainment out of his own pocket without recording it as a professional expense. Even taxpayers with modest incomes may spend several hundred dollars annually

in small sums treating more favored patients and those able to make referrals. This may involve lunches, refreshments, cigars, or any other outlay designed to aid the practice, including entertainment in the taxpayer's home, if for business purposes. Gifts made to advance business are deductible. The Treasury Department recognizes such expenses as a legitimate cost of doing business.

Typical Dentist's Deductions

To illustrate the importance of careful scrutiny of such expenses, let us take the case of a typical dentist.

Let us assume that he owns his own dual-purpose property which, exclusive of land value, was worth \$9,000 at the time of acquisition. This is a two-story structure, with offices downstairs and living quarters upstairs. The property is divided equally between professional and residential use.

Dental equipment represents an investment of \$1.500. Office furniture and fixtures cost \$500.

During 1945 he paid a \$60 insurance premium on the property. Repairs on the building (all necessary maintenance as distinguished from capital improvements) cost him \$450.

During the year he spent \$210 on business entertainment.

Ignoring the cost-of-doing-business items just enumerated, he finds that he has a net income of \$6,500 for 1945. He has deductions for charitable contributions.

property taxes, medical and other expenses, of \$250. Besides his wife he has three dependent children. His income subject to normal tax is \$5,750, and his income subject to surtax is \$3,750. His normal and surtax are \$957.50. leaving him after taxes \$5,542.50.

If, however, he had taken into account depreciation and other business expenses usually ignored he would find, first of all, that his income of \$6,500 was really only \$5,255 before taxes. The difference of \$1,245 represented his own funds on which he'd been living and paying taxes as well,

If he persists in paying \$957.50 on an apparent income of \$6,500. his real income after taxes will be about \$4,300 instead of around \$5,500!

Here are the additional professional expenses he must report in his income tax return to get a true tax picture. Failure to report them boosts his net income and results in his paying taxes on depreciating assets and on hidden current expenses.

One-half of 4 per cent building depreciation (\$360) \$180

One-half of insurance premium (\$60) One-half of building re-225

pairs (\$450) One-half of utilities on one meter (\$200) 100

10 per cent depreciation on 150 equipment

10 per cent depreciation on office furniture 210 Business entertainment

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Total \$1,245

By showing these expenses, together with personal exemptions and deductions, his income subject to normal tax has been reduced from \$5,750 to \$4,505 and income subject to surtax has dropped from \$3,750 to \$2,505.

His income tax now figures \$646.25 instead of \$957.50, or a saving of \$311.25, because his real net income has been demonstrably lowered by \$1,245. His income after taxes is now around \$4.600.

The figures of additional professional expenses are only for illustrative purposes. Depreciation of certain equipment may be at the rate of 5 per cent a year or 20 per cent, depending upon its nature. Use of one-half of a building would not necessarily justify 50 per cent deduction for utilities, though professional use might be more than half. Prorating of maid's wages should bear directly on prorating of time between home and office. Obviously, shares attributed to private use are not deductible, hence, the division.

Failure to compute any of these items in past years does not justify including such oversights in a current return; that is, 1944 depreciation may not be added to 1945 depreciation in a 1945 return. Whether computed or not, these items are gone.

Other deductible professional

expenses often overlooked in preparing income tax returns include: membership fees in professional associations, including chambers of commerce; expenses, including travel, hotels, and meals, attending professional conventions; debts, only if so determined and written off in the year deducted: losses from theft of cash or property, either business or personal, but only to an extent not covered by insurance; losses from fire. storm. earthquake, hurricane, flood, and damages caused by automobile accidents, but only to an extent not covered by insurance; subscriptions to professional magazines, and to magazines and papers placed in waiting rooms for patients' convenience; cost of defense against malpractice suit (but only if the suit is successfully defended).

Additional tax savings may be effected by taxpayers filing separate returns in community property states, provided surtax net income is more than \$2,000. This division of income between husband and wife will result in divided net incomes carrying lower taxes than the undivided income. For example, a surtax net income of \$8,000 on a joint return would call for a surtax of \$1,969. Equally divided on separate returns of husband and wife, the surtax on each return would be \$840 or a saving of \$289.

304 South Broadway Los Angeles (13)

DENTAL AID SOUGHT FOR WAR DEVASTATED

COUNTRIES

Lack of medical and dental supplies and equipment creates serious health conditions throughout the world.

IN A RECENT report on the activities of the Medical and Surgical Relief Committee of America, Mrs. Huttleston Rogers, Executive Chairman, stated, "There has been a marked increase in the calls for dental supplies and equipment since V-J Day. An earnest appeal is directed to all dentists, dental laboratories, and dental supply houses, to send us what they can spare in the way of porcelain teeth, instruments, foot-engines, x-ray equipment, and folding dental chairs. The supplies are imperative for the treatment of serious dental deficiencies among men who, under Nazi domination, spent as many as five years in concentration camps."

During the month of September the Committee sent shipments of medical, surgical, and dental supplies and equipment to hospitals, institutions, and welfare agencies in France, North Africa, Italy, China, Ethiopia, Nigeria, and India.

"Four million porcelain teeth head the list of dental supplies and equipment which are needed to alleviate the serious dental deficiencies prevalent among returning French prisoners of war and political deportees," declared Princess Gladys de Polignac who has been in this country as a representative, of the French Red Cross seeking dental supplies for France

After the defeat of Germany it was found that 80 per cent of the men in the French Army suffered from dental disease because of malnutrition and decalcification, and because until recently the French Army had no dental personnel. There are at present five Army dentists for each Division of the French Army, but the service of these dentists is hindered by lack of equipment and supplies.

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Since V-E Day some two million French prisoners released from German concentration camps have returned to France. The majority of these people are without teeth and those who have teeth are suffering from extreme caries. In order to prevent further serious physical effects resulting from dental deficiencies, efforts are being made to supply France with necessary dental equipment and supplies.

The Medical and Surgical Relief Committee has already sent a shipment to France which included assorted dental instruments and laboratory supplies, dental forceps, burs, scalers, probes, elevators, handpieces, and foot-drills. In the near future, the Committee expects to supply x-ray equipment and folding dental chairs.

The headquarters of the Medical and Surgical Relief Committee are located at 420 Lexington Avenue. New York City, where all material received is repaired and reconditioned for immediate use.



Princess Gladys de Polignac (right) and Mathilde C. Seiff, Executive Secretary of the Medical and Surgical Relief Committee, examine dental instruments collected for European dentists.



Dentists in the News

New York (New York) Times: When Doctor Samuel Edelstein, a Fort Lee, New Jersey, dentist, heard that Private Walter R. Anderson, former German prisoner of war, had been evicted from his house, he offered Private Anderson a six-room apartment rent free, which was promptly accepted. Private Anderson was home on emergency leave to settle his family affairs when he was evicted. His wife was ill and his four children were staying with two different families away from their mother because Private Anderson had been unable to find other lodging for them after the eviction.

Chicago (Illinois) Daily Tribune:
Doctor Melford E. Zinser, a dentist of
55 East Washington Street, who is
Chairman of the "Lest We Forget Committee," announced recently that one
hundred wounded veterans, patients at
Vaughan General Hospital, would be
given an opportunity to spend week-end
vacations at near-by homes.

Six wounded veterans from the hospital visited Doctor Zinser's summer home at Lake Delavan, Wisconsin, for a week end to test the merit of this plan. The patients agreed that the experiment was successful and that other patients should be given an opportunity to enjoy similar visits.

The patients who visited Doctor Zinser's summer home were aided in their recovery. Private First Class Kenneth M. Lewan of Chicago who was one of the visitors said that each of the men

felt his condition had improved in the quiet surroundings of the home which had been equipped to take care of the convalescents. The appetites of the men improved and one soldier who had attempted to walk no faster than a slow gait since being wounded in Italy "jitterbugged."

Many prominent Chicagoans are members of the Committee which will endeavor to obtain invitations for the Vaughan General Hospital patients. The plan has been commended by The Office of the Surgeon General, and the Committee plans to organize it on a national basis.

Newark (New Jersey) Sunday Call: Doctor Adrian Ralph Kristeller, former Newark dentist, when released from the Army Dental Corps purchased a seat on the New York Stock Exchange. When he bought the seat for \$45,000, he was informed that he was the first dentist to do so.



Doctor Kristeller was a captain in the Army and for some time was a commander of hospital trains. While on this assignment he traveled in a four-month period 45,000 miles on trains all over the country. At one time he was in charge tory at

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charge of the Prosthetic Dental Laboratory at Fort Dix, New Jersey.

University of Iowa News Bulletin: During a battle on a small Pacific island near Okinawa, Corporal Paul Hunter, Jr., of Chicago, found a torn scrap of paper on which were pictures and printing in English. Upon examination he noted the scrap was Page 93 of the University of Iowa's 1926 yearbook, Hawkeye, and pictured on the page was his uncle, Doctor James J. Hunter, Jr., of Mason City, Iowa. Doctor Hunter was a junior in the dental college the year the annual was printed. It is not known how the page from the vearbook happened to be on the island. but there were two Japanese members of the Class of 1926 in dentistry and one of them may have been stationed there and had the book with him.

Kansas City (Missouri) Star: Major Frederick H. Richardson, Jr. (DC), of 609 East 54th Street, was released from Camp Tokyo, Japan, and flown to this country. His wife and daughter, Carol Jean, awaited his arrival at the home of his parents in this city. He had been a prisoner of the Japanese since the fall of Corregidor. Major Richardson entered the Army Dental Corps in 1937.

Chicago (Illinois) Daily News: Captain George V. Roberson, an Army dental officer of Wood River, Illinois, has been awarded the Bronze Star, according to information received by his wife, Mrs. Mary Roberson. The award was presented to Captain Roberson for voluntarily aiding wounded soldiers at the front on Mindanao, Philippine Islands, from June first to June thirteenth in the absence of a medical officer.

Before going to the Philippines, Captain Roberson, who left this country in April, 1942, was stationed in Hawaii, the Solomons, New Guinea, and New Britain. According to his last letter to Mrs. Roberson, he was scheduled to go to Korea with occupational forces.

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

HAROLD VIGERSKY, D.D.S., 693 Bergen Avenue, Jersey City 4, New Jersey. SAMUEL KONWISER, D.D.S., 194 Vassar Avenue, Newark, New Jersey.

R. B. Moore, Columbus Junction, Iowa.

Mrs. Ruth C. Johnson, 735 Madison Street, Evanston, Illinois.

Mrs. John W. Richmond, 5241 Mission Woods Road, Kansas City, Kansas.

CAN YOU USE A DOLLAR?

To every reader who contributes a newsworthy item, something unusual about a dentist, which is published in Dentists in the News, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, Oral Hygiene, 708 Church Street, Evanston, Illinois.

Dentist suggests practical methods for evaluating potients and handling dental contracts.

CREDIT RATING

AND FINANCING

OF DENTAL CONTRACTS

By ELLSWORTH A. BRUCE, D.M.D., L.L.B.

IT IS PARTICULARLY important to make use of credit ratings in the ethical dental office today. Many of our patients are new to us; they have come from other offices which have been closed because of the war, or they may have come from other states. Through the use of a proper credit application form, new patients can be quickly and fairly evaluated.

A study of the forms used by banks and loan companies shows that a few general questions will be sufficient to classify the new patient. These should be prepared on a printed form, showing the dentist's name and address, with blank lines to be filled in by the applicant. In the one-man, ethical office, the procedure of completing the form can be handled impersonally and with dignity if any

necessary assistance in answering the questions is given by the dental assistant rather than by the dentist.

The form should be headed "Application for Credit," and should consist of ten questions:

- 1. How long at present address?
- 2. Own or rent?
- 3. Last previous address?
- 4. Name and address of nearest relative?
 - 5. Occupation?
 - 6. Employed by whom?
 - 7. For how long?
 - 8. Bank reference?
- 9. Two business firms or individuals with whom applicant has had credit dealings within the last two years?

10. Name and address of husband or wife?

Question No. 10 will often dis-

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close family separations which might not otherwise appear. A divorced wife may be solely liable for her own bills, or a husband paying alimony may not be a good credit risk. The form should end with a line for the patient's signature and address.

In many cities, the Retail Merchants Credit Association has arranged affiliations with local dental societies. Where such arrangements exist, individual dentists can get credit rating reports for a nominal charge. But the application should still be used in the dental office. The patient will be more likely to appreciate the countesy of credit if it is not given indiscriminately; it is good psychology to let him believe that his dental credit transaction will become a part of his general credit record.

When the services of a credit bureau are used, it should not be overlooked that the principal purpose of such a report is not to say who is a good risk, but to uncover those who are chronically bad. It does not necessarily follow that a man will pay his dental bill promptly just because he has always been "on time" with his payments for his furniture or automobile. But if he has been careless in such previous contracts, he will likely continue his habit.

Payment Methods

If the new patient deserves credit, the next step is to provide an easy and dignified way for him to make his payments. The amount and date of payments must be adjusted to the individual case. It is a better policy to make the monthly payments smaller than the patient suggests, since an individual's budget may not always balance both in theory and in fact. The contract with the patient should always be in writing, and should state the total amount and the terms, with the notation that this is an estimate only; the exact charges to be determined as the service is completed.

Some dentists maintain that the only dignified way to handle dental credit is to confine the transaction to dentist and patient by having the payments made to the dentist at his office. Most men with experience will agree, however. that a patient is less likely to make his payments promptly when he is dealing with one person than when he makes payments to a business "firm" or "company." When the patient has been a client in the past, the dentist must tread gently indeed in pressing overdue payments. Not to be overlooked in the list of disadvantages to keeping the contract in the private office is the chronic denture patient who needs a little free service or consultation each time a payment is made.

But for the dentist who still desires to handle his own contracts, the following routine procedure seems most likely to get results: 1. When a payment is overdue by ten days, a note is mailed which says

only, "Your payment of \$—— was due on ———." 2. If there is still no response, at the end of thirty days, the following letter seldom fails: "The Credit Bureau of which we are a member requires that we list with them the names of any patients whose accounts are delinquent by more than thirty days. Since this then becomes a permanent part of the patient's credit rating in this city, we hope you will bring your contract up to date before our next report must be sent in on ——— (date)."

Finance Companies

In many cities there are professional finance companies which offer their services to physicians and dentists. Usually two plans are offered: 1. Purchase of the contract, with immediate settlement in full to the dentist; 2. A discounting of the note at 10 per cent, immediate payment to the dentist of 45 per cent, the other 45 per cent to be paid when the patient has completed his contract. There are serious disadvantages to either plan.

A contract purchased outright is discounted one-third to one-half, which is much too great a loss to the dentist and likewise too much to charge the patient for credit. Under the second plan, the patient's note is endorsed by the dentist to the finance company. Actually the dentist is borrowing money on his own signature (together with the patient's) and paying a high price for it.

Probably the most serious dis-

advantage of the finance company credit plan is that the dentist loses control over the account. The collection methods which the company may elect to use may or may not meet with his approval.

Bank Collections

There is another method which seems to combine all the advantages of payment to a "company" with none of the disadvantages; that is, through bank collections of the contract. This should not be confused with bank credit, where the bank actually acts as a finance company and makes an advance on the patient's note. Under the bank collection plan, the bank is the agent for collection only—the contract is not sold or endorsed, but merely assigned for collection.

The bank will charge \$1.00 or less for opening each account. Thereafter they will charge (average) 35 cents to 50 cents for each collection made. In return for this small fee they will: 1. Issue the patient a receipt book; 2. Send a notice on the bank's stationery of each payment before it is due; 3. Send follow-up notices and letters, if necessary, on bank's stationery; 4. Credit each collection to the dentist's account, and mail him a duplicate deposit slip.

The advantages of such a plan are plain. The average patient has much more respect for his credit standing with a bank than with a professional office. So far as the patient may know, the bank may have purchased the note; but actu-

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ally the dentist still has "control" over the account. In case of a worthy reason for delinquency, such as accidents or illness, the dentist may adjust the terms merely by giving the bank a written memorandum of the changes.

Wartime prosperity has increased the proportion of "cash customers" in every business. Nevertheless, the installment plan of purchasing is still attractive to a vast majority. Out of today's crowded hours must come the nucleus of tomorrow's postwar practice. Valuable time can be saved, and good will purchased cheaply, by arranging for an adequate, equitable, and dignified method for "time payments."

Spring Hill Farm
Battle Ground, Washington

DENTAL SERVICE IN A MEDICAL COOPERATIVE ASSOCIATION

(Continued from page 1909)

class without degrading them to the humiliation of charity wards and doles. We have in the United States thousands of families who, because of their fear of the possible cost involved, postpone consulting dentists and physicians until an emergency arises. In Cuba, on the other hand, consultation is a habit instilled from childhood. As a result, there is a greater demand for professional services and, consequently, there is employment for a greater number of practitioners.

In order to carry out such a program in the United States it might be necessary to charge slightly higher monthly dues than is the case in Cuba, although the experiences of some of the larger industries in providing health care for employees suggest that this would not necessarily be the case. In the field of dentistry it might be practical at first to offer limited

service such as that now given in the Cuban quintas. Such items as partial and full dentures, and restorations, could be furnished reduced rates. I am confident, however, that the increased number of persons consulting would make it possible to lower, if not altogether abolish, the extra charges. There would be fewer fat fees for some persons. but a much larger amount of money paid to the medical and dental professions in general; a more steady income for practitioners; and the removal of the necessity felt by many members of the professions to give services for which they know they will never be paid. Bill collecting would be abolished as a problem for dentists and physicians by the simple process of requiring the presentation of the receipt for monthly dues,

Candler College Havana, Cuba



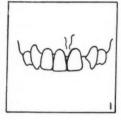
Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

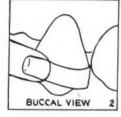
Drawings by Dorothy Sterling

Use of a Pinlay for Anterior Bridge

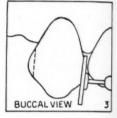
By A. L. FINLAY, D.D.S.



Pinlay to be used on cuspid to supply a missing left lateral.



Free contact on distal of cuspid with a steel strip.



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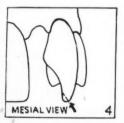
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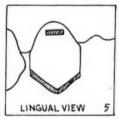
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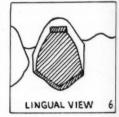
Use a straight steel disc to parallel proximal walls of cuspid.



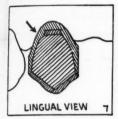
With a No. 4 stone, form a line angle toward the lingual across the incisal at about 45°.



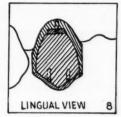
Reduce marginal ridge to upper border of cingulum with No. 4 stone.



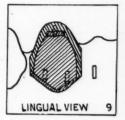
Grind out lingual fossa to upper border of cingulum to thickness of two pieces of paper.



With a cup-shaped steel disc, and starting at slice in either direction, cut a line angle similar to the line angle on the incisal.

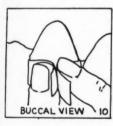


Using a No. 1 round bur, sink holes for 3 pins: one at cingulum, and two at incisal. Widen the tops of the holes by using a No. 702 bur, Then drill the en-



tire depth of the holes with a No. 701 bur.

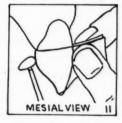
Set Williams stock plastic pins in the holes,



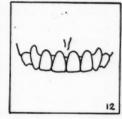
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With pins in place, wax up the inlay. Use a matrix band to press wax firmly into cavity preparation.



Carve the inlay down to size. With a piece of rubber dam over the inlay, use a warm spatula or burnisher for final shaping.



Remove and cast in the usual manner. Plastic pins are dissipated in the furnace.

ORAL HYGIENE IS REACHING DENTAL CORPS OFFICERS

FOR MANY MONTHS, ORAL HYGIENE has been mailed to every member of the Army and Navy Dental Corps whose address has been furnished to us. Copies for those overseas are sent by first-class mail. Each DENTAL DIGEST subscriber in service continues to receive the magazine without further charge.



Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

DAYS OF CONFUSION

THESE ARE days of confusion for the dentists returning from military service. Many of them have no office to return to and no prospect of renting desirable space. Their patients have been dispersed among other dentists; they do not expect these people to return to them. Hundreds of the dentists being separated from the Service are in their forties and fifties. They are in effect being required to establish a practice encountering the same experiences that they went through when they graduated from dental school. Some of these men returning from military service are seeking new locations. A significant group expect to specialize. A large number hope to avail themselves of the educational privileges to be granted under the GI Bill of Rights.

The dentists returning from Service have been away from dental organization work for a considerable period of time. They would like to think that there was some central agency that could give them information on desirable locations, on the possibilities of procuring dental supplies and equipment, on postgraduate courses. They will find, however. that the stay-at-homes1 have made little or no provision for the return of the veteran. Most of the stay-at-homes have been smugly enjoying their increased prosperity, expanding their office space, or moving to the desirable locations. The dentists returning from military service will be required to take the least desirable space if, in fact, any is available to them. There are some communities in the United States where there is no professional office space to be had. The stay-at-homes have not been interested in the efforts of the Army and Navy Dental Corps to secure independence and autonomy. The veterans resent this indifference. They also feel that the Procurement and Assignment Service has not been as energetic in a demobilization plan as in the recruitment program.

These days of confusion could have been prevented by a little more constructive planning on the part of dental societies and dental educators tion the dental faculty brings advice no det tice lo

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Editorial: The Stay-At-Homes Are Doing Well, ORAL HYGIENE 33:340 (March) 1943.

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cators. If the dental schools have any programs for postgraduate education they are keeping their plans silently to themselves. If there is any dental school that has a well-integrated, carefully thought out plan the faculty are doing an excellent job of keeping the secret. Every day brings more letters from returning servicemen looking for counsel and advice. It is an unpleasant task to be required to tell them that there is no detailed and specific information available regarding desirable practice locations and courses to be offered by dental schools and dental societies.

The present confusion and unrest might easily enough take another form. These returning dental veterans could band themselves together to form a national dental organization. They could be a powerful influence because of their association with the American Legion or other veterans' organizations. Twenty thousand dentists, veterans of military service, could organize to create one of the most powerful blocs ever seen within professional organization experience. The temper of the times and the temper of these veterans make such an organization more than a mere possibility. Rumors have already come to ear to suggest that an organization of dental officers is in the process of forming. It would not be well for American dentistry to have two national organizations. The wellorganized American Dental Association should listen to the complaints, the demands, and the requirements of the veterans. The American Dental Association should plan for the welfare of the veterans if it wishes to prevent the formation of an independent national organization. Although these are days of confusion for the dentists returning from military duty, the future days would be of greater confusion if another national organization were to be founded in competition with the American Dental Association. Dentistry must present a united front to survive. The veterans who have grievances against the existing Association should foster their reforms by demanding internal changes. They can do this only by holding membership in the Association. Rather than form a separate dental organization it is better that the veterans join the American Dental Association and work for change from within.

Educard J. Ryan



Dear Oral Hygiene

Navy Dental Corps Releases

I should like to express my approval of your editorial on the reserve officer in your August issue, and to see if you and your magazine can do anything to remedy the situation respecting discharge points for men in the V-12 classification.

It is our understanding that the V-12 dental officers are to receive credit with points leading to release from the Service for the time they were in dental college studying dentistry at government expense. That is not as it should be. Not only did they receive their dental training without charge, but during that time they had no responsibilities, nor were they subjected to any of the hardships of the war.

As an example, there is one V-12 dental officer here, 23 years old and married, who got into the V-12 program at its beginning. He tells me that he has thirty-four points though he has been on active duty for only eleven months.

On the other hand, I have a friend 38 years old, married, and in private practice for ten years, who has been on active duty for sixteen months. He has only thirty-six points. He is older, experienced, and has paid for his own education; yet according to the current policy the V-12 officer will be released as soon as this dentist. Undoubtedly some of the older V-12 men have as many points as this dentist.

What is your opinion? I think the

V-12 men and the regular Navy should take over now and let the rest of us go home.—A Navy Dental Officer. Noven

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Army Dental Corps Releases

I have noticed that the medical officers are complaining about the unfairness of the discharge system and the fact that they are not busy. However, I doubt that they desire discharges any more than the average dental officer.

The Army's answer is "There are a large number of casualties still to come home." However, this reply should not carry weight with dental releases as we have no more to do with casualties than with a healthy soldier. It is well known in the Dental Corps that the dental service is about completed. Of course, you are familiar with this are gument which to The Surgeon General means nothing.

As I see it, the Army by its own ad mission is carrying an excess of den tists and there is no reason not to dis charge them in proportion to the gen eral discharges. When the Army closed commissions in January, 1944 even to the men it had sent through dental school, it admitted it had a proportion (about 1 dental officer to 500 men) sat isfactory to it. Now with the war ove many of these dentists who were no performing dental service (such as those in aid stations and in battalion head quarters) are released to do dentistry Without a single enlisted man dis charged, that alone should make an en cess. But the Army requires 100 points

¹Editorial: The Plight of the Reserve Officer, Oral Hygiene 35:1390 (August) 1945.

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dis n ex oints or an age of 50 for discharge. (We still have one man in each of these categories on this Post waiting to get out, and the only two I've seen who could qualify.)

I understand that 7000 medical officers will be discharged by May. Is this to mean (if the proportion holds) only 3500 dentists will get out, 1 in 7?

I honestly believe the least that should be done is to discharge dental officers in proportion to enlisted men. No doubt much more could be done than that. Of course it is said that there is nothing fair about the Army and I quite agree, but in this case it is not a few persons that are concerned but a good many dentists and the public health as well.

As I see it, the greatest aid dental societies and civilian practitioners can give us in the Army is not "refresher" courses or sympathy, but help in getting us out as soon as possible. This help must come from the outside, if at all. The individual dental captain, lieutenant, or major is helpless.—An Army Dental Officer.

ANSWERS TO QUIZ XIV SEE PAGE 1921 FOR QUESTIONS

- (b) 97 per cent. (Orban, B.: Oral Histology and Embryology, 2nd Edition, C. V. Mosby, page 1)
- 2. When the carious process has caused an etching of the surface. (Prime, J. M.: Questions and Answers on the Use of Ammoniacal Silver Nitrate, The Dental Digest 51:179 [April] 1945)
- 3. Loss of tooth substance through mechanical wear. (McCall, J. O.: Fundamentals of Dentistry in Medicine and Public Health, Macmillan, page 66)
- The attachment and action of the mylohyoid muscle. (Miller, R. G.: Synopsis of Full and

- Partial Dentures, C. V. Mosby, page 57)
- Guttapercha dissolved in eucalyptol.
- Maxillary sinus in 1651. (Taylor, J. A.: History of Dentistry, Lea & Febiger, page 45)
- 7. (a) 700.
- 8. (a) 20 to 30 years. (Tylman, S. D.: Crown and Bridge Prosthesis, C. V. Mosby, page 19)
- 9. (c) cosmetic. (Kronfeld, Rudolf: Histopathology of the Teeth and their Surrounding Structures, 2nd Edition, Lea & Febiger, page 160)
- (c) 39. (Council on Dental Education, J. A. D. A. 31:1531 [November] 1944)



Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Receding Gingivae

Q.—I have long been interested in the Department which you edit in ORAL HYGIENE.

We have all observed many times in the mouths of patients, usually those well over thirty years of age, a characteristic form of gingival recession unassociated with infection. It occurs in mouths which are in a hygienic state and among those patients who invariably admit to having practiced over a long period a thorough brushing routine.

There appear to be two schools of thought as to the cause of this type of gingival recession. Many attribute it to the harsh methods of tooth brushing. Others consider it a normal condition incident to waning youth and hence unpreventable. One writer has spoken of it as the result of the "wear and tear" of life.

Since I became especially interested in this subject I have observed in my own practice many more such cases than formerly. If harsh, overpressure methods of tooth brushing have any relation to it, it would seem to be an important matter to stress. If not a factor, it is equally important to know that.

If it should be conceded that gingivae will recede if continually subjected to mechanical stimulation beyond physiologic limits, do you feel it should be possible to state an approximate limit for average, normal gingivae, to exceed which would be entering a dangerous, traumatic zone of pressure? Some advocates of highly specialized methods of tooth brushing advocate alternate pressure and release on the gingival septa. The question is, how much pressure? The crosswise scrubbing tech-

nique is generally used by most people in brushing their teeth.

The idea has been expressed that the light, vibratory pressure which I believe is quite generally urged by dentists, if expressed in ounces, would be from 12 to 16 ounces. Anything above that cannot be considered gentle and mildly stimulating. I believe this estimate has been arrived at by attempting to transfer someone's idea of the pressure which should properly be used to small platform scales. Do you believe such an estimate to be too low or too high? Would a fairly accurate standard for average mouths have any value were it possible to express it in a way so as to have practical meaning to the average user?

Your views on these matters will be greatly appreciated.—S. M. G., Maine.

A.—Doctor Smedley and I appreciate your fine letter. It is thoughtful and your conclusions are in line with our observations.

In 1943 I undertook a careful examination of a hundred cases for which I made complete sets of roentgenograms and clinical examinations. I measured the recession beyond the amelocemental border, where such recession had occurred, related it to the individual teeth in degrees from mild, I mm., to extreme, 4 mm. or more. I also recorded the number of times per day the teeth were brushed and whether the person was right or left-handed. One interesting finding was that the

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amount of recession on the right or left side of the mouth was not related to which hand was used. I did find, however, that age is an important factor. Everything else being equal, the older the person the more recession up to the 60-year decade; that is, there was definitely more recession in the 40 to 50-year decade than in the 30 to 40-year decade.

Once in a while cases of gingival recession and erosion come to light in mouths of people who don't brush their teeth; but by and large it seems to me the greater the erosion or abrasion, the more vigorous has been the brushing, usually with an abrasive dentifrice. Cross or rotary brushing is most commonly used.

We are convinced that in many cases of recession the cause is traumatic occlusion. We have seen the recession develop on individual teeth as facets have developed on these teeth. And we have noted the stopping of the recession when the trauma was relieved.

As to your specific question of the weight of pressure in brushing, I haven't the slightest idea what pressure should in safety be used or how to gauge that pressure. I teach and use the Charter's method of brushing. In the proper use of this technique, there is little if any danger of cutting or bruising the gingivae and the pressure of the bristles is well controlled by the contact surfaces of the teeth.

As to whether a fairly accurate standard of pressure for the average mouth would have any value, even with intelligent patients dentists are not too successful in enlisting their wholehearted cooperation in toothbrushing.—George R. Warner.

Lack of Saliva

Q.—I have a patient who is now successfully wearing a full set of new acrylic dentures except that he complains of dryness of the mouth. He wears the dentures all day but removes them at night to get relief from the feeling of dryness.

The dentures have good functional balanced occlusion and he has no difficulty in masticating food.

I think his dryness is imaginary for, upon removing them, they possess the normal salivary coating which any dentures show upon removal from the oral cavity. Can you tell me what to do for him?

Before I made his acquaintance, he had worn two other sets of dentures and he always removed them at night.

This man always had an excessive amount of saliva and when I took his impressions, I made use of the saliva ejector; but still the saliva flowed from his mouth. He stated that the same thing occurred on previous occasions when other dentists tried to take his impressions.

He is so pleased with the new dentures that he does not want me to do anything to them that might alter them in any way, for he has waited fourteen years to get a set which functions as well as this set does. Can the dryness be due to pressure on the posterior palatine foramina?—J. H. S., New York.

A.—I agree with you that this man does not have a serious complaint. It is nothing to feel bad about if he is more comfortable with his dentures out at night. It is my belief that it is best for all denture patients to have their dentures out at night with the exception of those comparatively few who have nerve pressure symptoms from a lack of occlusal support for the jaw.

So long as the dentures function satisfactorily, I don't see that it matters whether there is much or little saliva.—V. CLYDE SMEDLEY.

Paralysis after Extractions

Q.—I extracted for a patient, a man aged 48, nine upper teeth by infiltration. The patient was all right for two days but he came in on the third day with a slight paralysis on the left side of his face. After two electrical treatments, his face was normal.

He came in today with a slight paralysis on the right side of his face. He

cannot close his eyelid.

Could this be caused by the extractions? He had been riding in his car with an open window. Could this be the cause of the paralysis? The first time the left side of his face was swollen but I told him to wait. Two weeks later his face looked normal.

Can you help me with this problem?

-G. I. B., Ohio.

A.—From your description, I do not think that the facial swelling or paralysis was caused by your extractions. The condition could be Bell's palsy caused by exposure to wind through the open car window or some similar exposure.—V. CLYDE SMEDLEY.

Sodium Fluoride

Q.—In reading the question on sodium fluoride in the June issue of Ask Oral Hyglens, it made me wonder what effect sodium fluoride has on the pulp of the tooth.

I have used it on sensitive cavities, especially along the gingival margin, in preparing the cavities for restorations and the pain has been lessened consid-

erably.

I should like your opinion as to whether or not sodium fluoride will affect the pulp when using it for cavity preparation.—G. O. Z., Wisconsin.

A.—We have used sodium fluoride for desensitizing cavities in preparation for restorations and have observed no ill effects. In fact, we can't see how there can be any ill effects for the sodium fluoride

has no effect on the pulp. One can desensitize one surface of a tooth and all other surfaces will remain just as sensitive as before the one surface was treated. One of my friends routinely uses sodium fluoride in cervical cavities before placing a metal restoration because he has found that teeth treated in this manner are not sensitive to thermal changes. — George R. Warner.

Closed Root Canal

Q.—In a routine roentgenographic examination of a patient's mouth, I found an area in the lower central where the canal is calcified. Three roentgenograms are enclosed. I am not able to get through with root canal reamers or broaches.

I shall appreciate your suggestions.-

L. L., Pennsylvania.

A.—When secondary dentine has filled the canal, as in the case of the mandibular right central incisor, root canal therapy is a hopeless procedure. The best thing to do in this case is to remove this tooth and then, with grass line or small rubbers, draw the teeth on either side into the space. Because of overlapping, the space is already narrower than the width of the tooth; so with a little help the space can be readily filled and the loss of the tooth will not be noticed.—George R. Warner.

Use of Penicillin

I noticed recently that in your reply to a question regarding the treatment of acute Vincent's infection you make no mention of the use of penicillin. Although I realize it is necessary that caution be exercised in the evaluation of new substances and techniques, the

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known potential harm which may result from the use of such substances as chromic acid, and the lack of accompanying undesirable harmful effects of penicillin in addition to its dramatic effect on acute ulcerative gingivostomatitis, prompts me to write.

We recognize that all treatment of Vincent's infection is empiric. Following the initial preliminary report² suggesting the efficacy of penicillin for the acute phases of Vincent's infection as an adjunct to other dental procedures, we recently reported before the New York Institute of Clinical Oral Pathology clinical findings on 202

infection and the effect of penicillin therapy. Reports from both the Army and Navy are beginning to appear in support of the early observations, and the agreement is unanimous as to the dependable effect of penicillin for the acute aspects of Vincent's infection. Our own studies show an incidence of recurrence following the use of penicillin as with any other medicaments if the basic, underlying, apparently predisposing, factors are not corrected.

In view of the many inquiries which are undoubtedly directed to you, I thought this information might be of interest to you.—Alvin E. Strock, S. A. Dent. Surg., USPHS(R), U.S.P.H.S. Hospital, U. S. Coast Guard Training Station, Brooklyn, New York,

²Strock, A. E.: Relationship Between Gingivitis and Penicillin Administration, J.A.D.A. 31:1235 (September) 1944.

controlled cases of acute Vincent's

GREATER NEW YORK DENTAL MEETING

WITH THE end of the Office of Defense Transportation restrictions, the Twenty-First Annual Greater New York Dental Meeting will be held from December third through December seventh at the Hotel Pennsylvania, New York City. Every effort is being made to provide a program similar to and of the same quality as those of prewar meetings. Table clinics, visual education, and topic discussions are a few of the interesting features which will be included on the program.

To avoid confusion in registering, dentists should bring with them their American Dental Association membership cards. Programs will be available in November.

DENTAL LIFE REFLECTED IN PRIZE WINNING STORIES

ALMOST \$4000 in awards have been won by dental writers in the monthly Oral Hygiene contest in which the author submitting the best story published each month receives a \$100 prize.

Dental officers, civilian dentists, dental assistants, and dental hygienists, have been awarded prizes for a wide variety of stories. "What I Want When I Resume Practice" is the subject of a timely story by a captain in the Army Dental Corps who will be coming home soon; and a dental assistant has expressed her point of view on jobs for servicewomen. The moving story of C. Edmund Kells, pioneer investigator of x-rays, earned the author a prize. One dentist described his rugged life on the Yukon, another offered his reasons for the failures in dentistry, and a forward-looking dentist contributed his practical ideas for a retirement plan.

Your own story may be just as interesting as any of those you have read in ORAL HYGIENE. And you are the only one who can tell it!

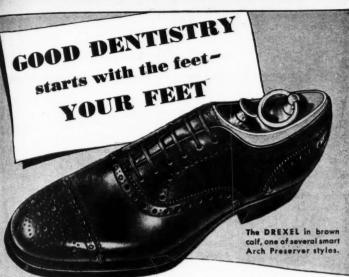
If you don't have a gift for feature writing you may have practical suggestions for improving dental practice, for the wider distribution of dental service to the public, for a retirement program, or a plan to aid dentists who are returning from military service.

Whatever your ideas about the future of dentistry are, we want to know about them. Tell us in 1500 words what your own plans are or what the dentists around you are thinking and talking about. Here are the rules to follow:

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- 1. Your article must have a dental angle.
- Set down your ideas in simple, direct, forceful language without literary flourishes.
- All manuscripts must be limited to 1500 words, typed, doublespaced, and accompanied by return postage.

Send your story now! You may be the winner of the next \$100 award. Mail your manuscript to: Edward J. Ryan, D.D.S., Editor, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



Are your shoes cramping foot muscles, pinching nerves—causing distraction and fatigue, enemies of good dentistry!

For shoes that treat your feet like a favorite patient try Wright Arch Preservers. They guarantee a new kind of comfort for normal feet. Nine patented features give you support, style and freedom no other shoes can offer.

Look up your Arch Preserver dealer in the classified phone book, or just drop us a postcard. We'll also send you our new FREE illustrated booklet on shoe facts. E. T. Wright & Company, Inc., Dept, H-11, Rockland, Mass.



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For Women, Selby Shoe Co., Portsmouth, Ohio. For Boys, Gerberich-Payne, Mt. Joy, Pa.
In Canada, for Men, Scott-McHale, London, Ont.



Laffodontia

Girl: "Wait right here for me, Bill, while I go powder my nose,"

Girl (three dances later): "Been waiting long, Bill?"

Bill: "No, but I've been looking all over for you to give you your compact."

Senior Hostess: "I have a lonesome soldier I'd like you girls to meet."

Athletic Girl: "What can he do?"
Chorus Girl: "How much money has he?"

Literary Girl: "What does he read?" Society Girl: "Who are his family?" Religious Girl: "What church does he belong to?"

Sorority Girl: "Where is he?"

Doctor: "This is a very sad case, very sad indeed. I much regret to tell you that your wife's mind is gone—completely gone."

Mr. Peck: "I'm not at all surprised, doctor. She's been giving me a piece of it every day for fifteen years."

He: "May I have the next dance?" She: "Sure, I don't want it."

When the agent of a life insurance company paid Mrs. Stone the amount of insurance her husband had carried, he asked her to take out a policy on her own life.

"I believe I will," she replied, "my husband had such good luck with his."

Magistrate: "What started the trouble between you and the plaintiff?"

Defendant: "Well, yer honor, it was like this. 'E threw 'is beer over me-I 'its 'im across the face wiv my bag of tools—then 'e cuts my 'ead open wiv a bottle—an' the next thing we knows we find ourselves quarrelin'!"

The newly-wed salesman, accompanied by his wife, entered the dining room of the hotel which he used to frequent. His order included roast chicken, but there was some delay.

Newly-wed (irritated): "Where's my chicken?"

Waiter (in husky undertone): "Sorry, but if you mean the little girl with blue eyes and fluffy hair, she doesn't work here now."

"God is everywhere," said the teacher.
"Johnny, where do you suppose He is this morning?"

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"In our bathroom," was the reply, "cause daddy said, 'God, how long are you going to be in there?' "

Mike and Cassidy met in the lodge room.

"Sure, Mike, my' bhoy, and what's the idea of wearing a mourning band on your left leg?" asked Cassidy wonderingly.

"Me mither has passed away, an' all an' all," said Mike miserably.

Cassidy scratched his head, puzzled. "Why, then you wear it on your leg instead of on your arm?" he asked.

"Well, she was me stepmither," said the other.

He: "Why do some girls stutter when they want to be necked?"

She: "I-I-I-don't know."

1946



"MY PET PATIENT," says Dr. W. B. Y., "is a Clock Watcher. When I get well started on an hour's job, he breaks the news that he has an important appointment in 20 minutes.

"But he does know something about oral hygiene. Told that only one dentifrice contains sodium ricinoleate to peptize adherent mucin and make it more readily removable with a brush, he said, after glancing at my watch,

"'Sure, that's Detoxol—my family has used it for years!"



DETOXOL TOOTH PASTE

THE WM. S. MERRELL COMPANY,

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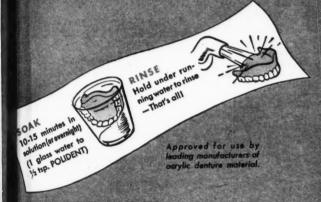
It's a happy moment for the dentist and the patient when the final fitting of a beautiful set of dentures is completed. And it's an opportune moment for a parting bit of important advice about their proper care.

To Help Dentures Keep Fit!

issured that your patient will be started on an easier—safer—and better way of keeping the dentures you have made in a condition in which ou may take pride. POLIDENT cleans without abrasion... dissolves mucin and tarnish... leans and deodorizes every crevice quickly and safely. And because POLIDENT eliminates excessive handling—it minimizes the danger of breaking or chipping.

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THE ORIGINAL AIR DEODORANT

Neutralizes All Odors...Instantly!



PRACTICAL
WAY TO KEEP AIR
IN DENTAL SUITES

fragrant..fresh!

Atomize from time to time with Instant Sweet-Aire. Odors of strong medicaments, laboratory work, perfume, tobacco smoke, body odors, stale air, etc., give way instantly to a refreshing pine fragrance. Sweet-Aire works in a second . . . no waiting or bothersome wick. Spreads instantly through a wide area. Spray it directly on upholstery, rugs, draperies, clothing where odors cling. It does not water-spot. Instant Sweet-Aire is the original air deodorant,



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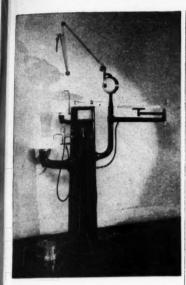
CRESCENT WEBBED Polishers

This efficient polishing cup has webs that provide a far greater working surface. They retain the abrasive at high speeds, prevent splashing, consequently do a better job while saving time. Smooth and gentle in operation. Made to fit your handpiece. They are available NOW through your dealer or direct.

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No. 2 DENTAL UNIT

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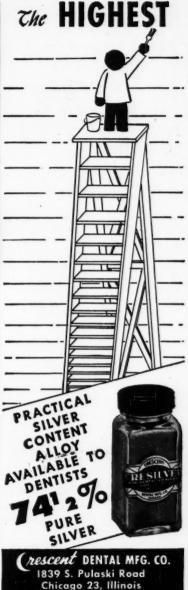
This shows our No. 2 Unit which we are now manufacturing in limited quantities and can be supplied, less engine, at \$200.00. Pre-War construction throughout and supplied in any of the standard dental colors.

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Central Dental Mfg. Co., Inc.

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EVERY DRUGGIST

now has Craig-Martin TOOTH PASTE

—or can get it through his jobber

Bears the Seal of Acceptance of the Council on Dental Therapeutics of the American Dental Association.

You can suggest this economical, efficient tooth paste to your patients, knowing that it is now available or can be readily supplied by any druggist you name.

10c Large Size 25c Giant Size

LARGE 10c TUBE

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Send samples of Craig-Martin Tooth Paste to: (Professional card enclosed)

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Druggist's Name......(Please print plainly)





SIMPLIFIED TECHNIQUE ARTICULATOR

A tough, serviceable all steel articulator. Easily adjusted; provides smooth full vertical and lateral movement with positive return to original position. Hard chromatom plating at points where scraping may be necessary; floating bushing; knurled thumb knobs; top and bottom detachable.

If your dental supply house doesn't stod yet, buy direct. \$3.00 F.O.B. Alhambra Postpaid when check accompanies read order.

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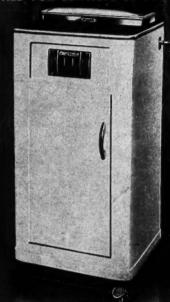
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DESIGNED FOR DENTISTS BY PROMETHEUS

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THIS outstanding popular priced model, gives complete sterilizing facilities. It is modern in design, with rounded corners and recessed base for toe room, is finished in porcelain enamel in all standard colors, and occupies in space only 16" wide by 14" deep. Special features include cast bronze sterilizer with automatic control, switch and pilot light, silent-closing, dust tight metal door, and convenient footlift for raising cover.

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26 shades, ready-mixed, which match all New Hue and most T. C. shades, right out of the jar.—\$60.00. Cabinet No. 1 containing 12 New Hue Shades purchased alone \$25.00, Cabinet No. 2 \$35.00 additional. DENSE STRONG ABRASION-RESISTAN

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1 Tube \$ \$7.50.

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n emergencies you can reline an crylic denture with Permaliner and ismiss the patient in 30 minutes.

For a truly professional service: -Have patient reduce congested tissues with mild astringents for 72 hours prior to rebasing, to restore normal tone; 2—Clean denture thoroughly; 3—Apply Permaliner; 4—Try in mouth; the -When denture seats perfectly, de remove and let cure at room lemperature 24 hours. Deliver next day.

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But it's the same Permaliner which thousands of dentists depend on—the Self-Curing Acrylic Rebase which forms a permanent chemical fusion with the Acrylic Denture. AND Permaliner contains NO Harmful Solvents like Chloroform, Ethyl or Butyl Acetate.

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Copper, Steel, or Stainless Steel No Retainer Necessary

- As Matrix Band-1-Slip end of band thru slot
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For Inlay Impressions, use excess length as handle. Do not remove Package of 1 doz. bands \$.55 One dozen packages 5.50 37 W. 20 St. One dozen packages



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Send for this Special Assortment of CRATEX Wheels and Points BOX

This trial box (worth considerably more) is a generous assortment to give you an opportunity to prove to yourself that CRATEX are the best Wheels and Points you can buy. Send a dollar to-day.

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CORRECTLY Colors a Whole Denture . . .

Only place to correctly measure denture color is IN THE MOUTH.

Years ago, Kerr Research established this principle. On its sound common sense is based the color formula which makes the new Kerr Crystolex 102 so outstanding a match for normal mouth tissue.

Dry and in a strong light, a Crystolex 102 denture may seem less livid than you expect. And it is. There's hardly a pinch of color—only a few milligrams—in it.

But just place this Crystolex 102 denture in your patient's mouth. There, moistened, shaded and without reflected light, it blends into the surrounding tissue and becomes part of it.

For good fitting dentures — physically AND AESTHETICALLY, standardize on this new quality acrylic.

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CERVICAL NOTCHES



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Gingival recession, exposing softer dentin and eementum, occurs in 8 out of 10 adults, based on reports by dentists in a nation-wide survey.^{7, 2}

Abrasive-containing dentifrices may produce cervical notches in such exposed areas.³

Laboratory tests show that non-abrasive liquid TEEL does not produce cevical notches in such exposed areas.³

¹Jour. Dent. Res. 20:565-81 (1911) ²Dent. Items of Int. 66:760-69 (1911) ³Jour. Dent. Res. 20:583-95 (1911) DIG FIN THI NO

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Send for your copy of a scientific summary of these new findings—and judge for yourself. This booklet gives vital information on gingival recession and other important data concerning the teeth—of interest to every dentist.



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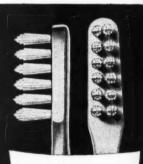
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A "DENTIST'S" brush from head to handle

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Straight handle, with strengthened neck.



third molar, etc., as is well known, often results in a certain amount of "tightening" of the facial musculature, jaw immobility, and even trismus.

To prevent such sequelae following protracted operative work, oral surgeons frequently advocate gum chewing as a means of auto-administered oral exercise.

Because Dentyne Gum provides a stiffness of bolus involving a desired degree of muscular stimulation, it is recommended by more and more dentists promptly following oral surgery. And Dentyne's freedom from irritant qualities and its appealing flavor help to make the post-operative patient's exercise pleasurable as well as beneficial. velos xeto teen whire

This won't hurt



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a bit, Mr. Dentist!

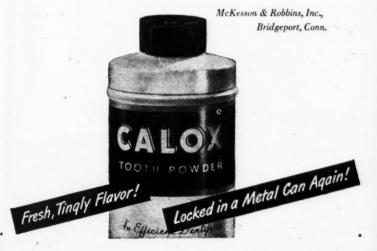
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The facts about Minimax Alloy



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The psychology of the average patient is to give complete credit for the success of a filling to the Dentist. And contrariwise, if a filling should break out and decay recur, the patient never blames the manufacturer of the material, but considers it due to lack of professional ability.

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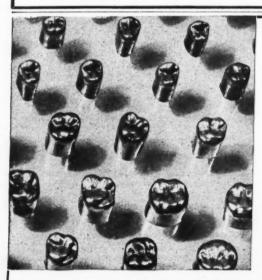
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Easy to mix and handle Assures finest detail

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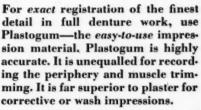
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The orders you have placed with your dealer will be filled.

The Lock attached to shield at the end of Retainer holds the band rigid, preventing slipping or tilting when being placed in position by operator. Simple in construction and effective.

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He turned down a thick, juicy steak...

Sounds incredible, but it could happen! Until postoperative pain subsides and sore gums heal, patients with new dentures may have to pass up just such opportunities. Yet they need not. The pain of the "breaking in" period can now be alleviated quickly and inexpensively-merely by applying Butyn Metaphen Dental Ointment to the dentures coming in contact with the inflamed, soft tissue. This exclusive Abbott preparation combines the prolonged anesthetic effect of Butyn 4% with the antiseptic action of Metaphen 1:5000. It is neither irritating to the tissues nor unpleasant to the taste. The ointment is useful also as an anodyne dressing following scaling or the treatment of pyorrhea pockets. Butyn Metaphen Dental Ointment is available through pharmacies in two sizes: the 1-ounce tube with special applicator tip for use in the office and the 1/4-ounce tube for patients' home use. ABBOTT LABORATORIES, North Chicago, Ill.

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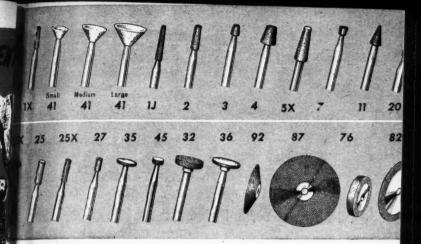
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Tc. Iodine (7%) 1 dram ALKALOL q. s. ad 1 pt.

Use as an oral rinse.

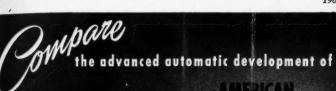
Many dentists have found the above prescription most effective as a home treatment for

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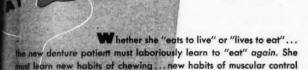
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.. and develop a new sense of "feel"

To ease the patient's burden of learning to "eat" again, many dentists use and recommend Wernet's Powder during the first few weeks, to help adapt the patient to the carefully fitted dentures.

Wernet's Powder contributes to the maintenance of a perfect valve seal, aids retention and helps prevent slipping under awkward manipulation. It forms a soft protective cushion, which allows the patient to exert pressure at any point of the denture with comfort. And (not to be minimized), light dusting of Wernet's Powder on the new dentures has the psychological effect of increasing confidence that they will be properly retained.

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safely and effectively controls excessive capillary bleeding associated with dental operative procedures. Also especially useful administered prophylactically when a hemorrhagic diathesis is suspected.

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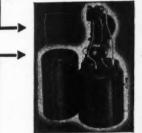
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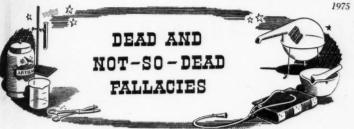
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OILS - cleans - helps to prevent disease transmission

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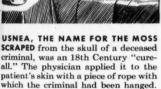
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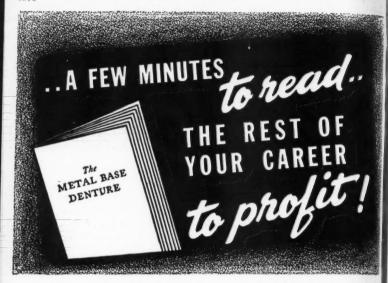
Spotlighted as Indispensable Aids to Better Denture Prosthesis . . .

USING a simile, let's say a tailor cannot alter a garment without seeing it on the wearer. Likewise, no denture should be relined before the fit is checked with D-P INDICATOR GEL Having located and relieved any high sport and, or pressure areas, you are ready to reline the detrure.

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Please send me your booklet "THE METAL BASE DENTURE"

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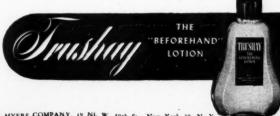
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For years many dentists have made unsuccessful attempts to reprocess illustrated attempts to reprocess the fitting dentures. Their failures were due to the use of quick setting materials that to the use of quick setting materials that did not possess the proper qualities.

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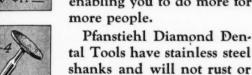
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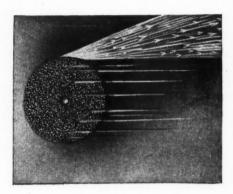


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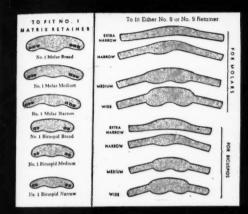
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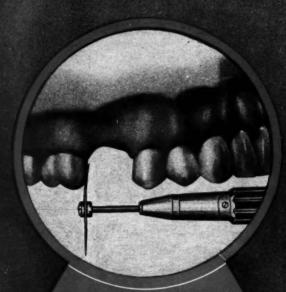
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Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154
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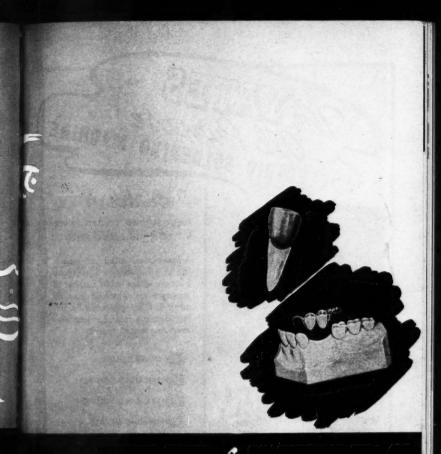
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This exclusive injection technique makes possible casting into regular moids under continuous controlled pressure.
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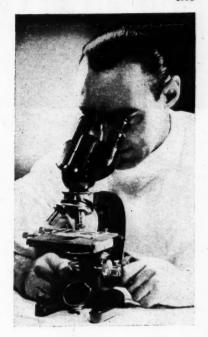
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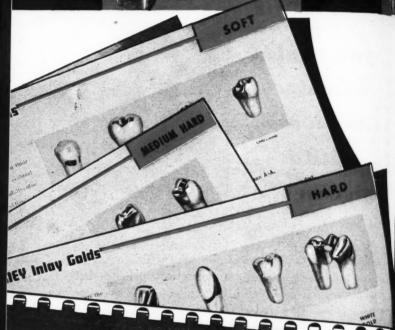
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What gold to use . . . and where . . . is today a matter well worth the attention of every dentist concerned with the long-term satisfaction of his patients. To merely specify "gold" is to leave just as wide a margin for possible error in selection as would be the case if a construction engineer were to specify "Iron" for the specialized applications requiring modern steel alloys.

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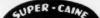
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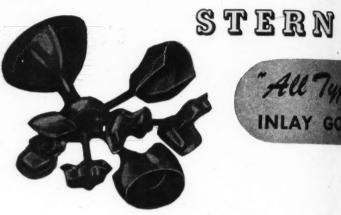
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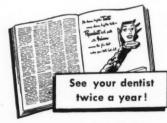
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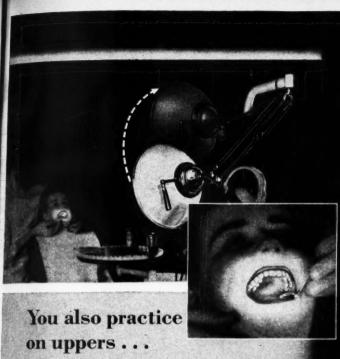
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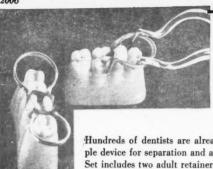
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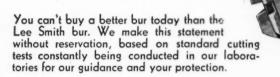
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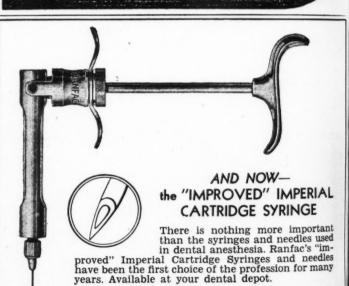
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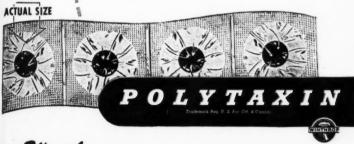
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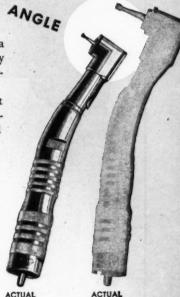
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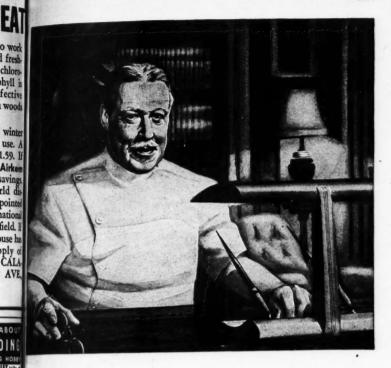
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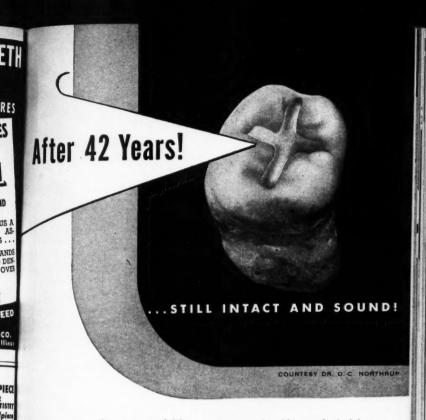
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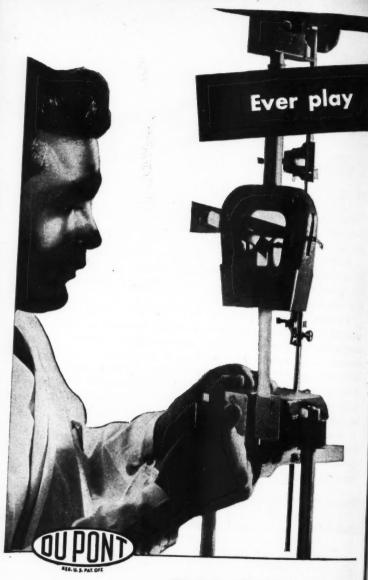
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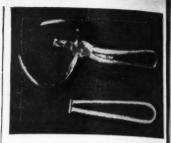
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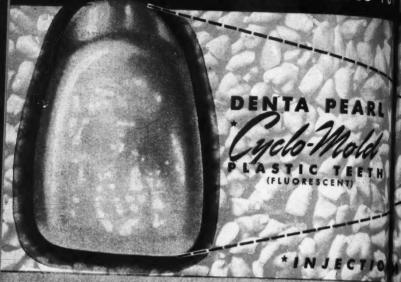
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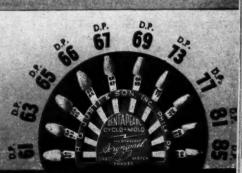
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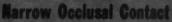
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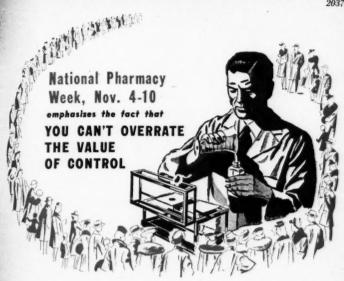
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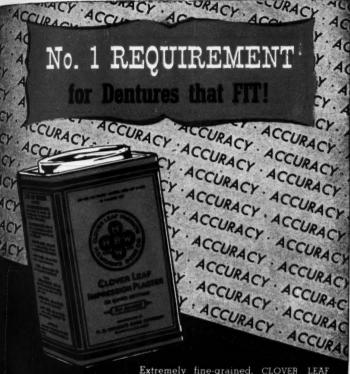
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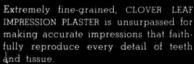
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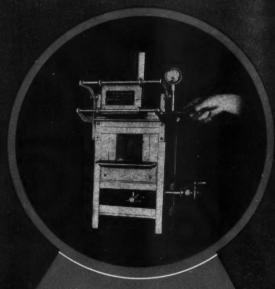
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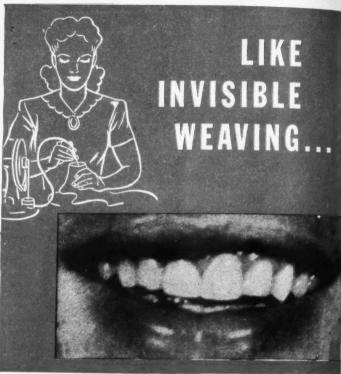
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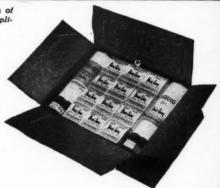
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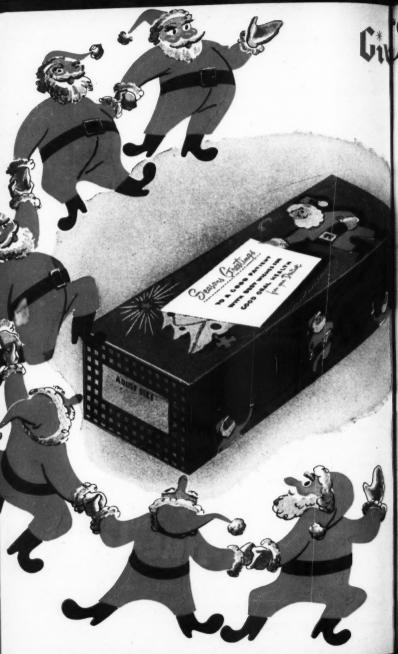
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- ▶ Feel comfortable
- ▶ Look natural



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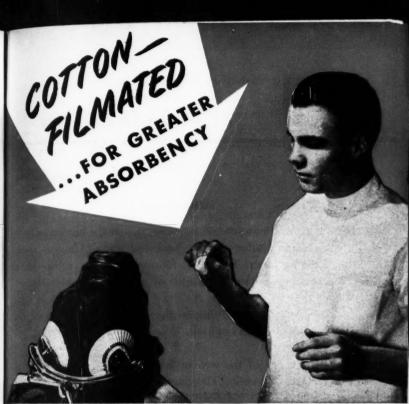
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assistant's time that would otherwise be wasted in making inferior sponges by hand. Exodontia sponges are also more economical. Supplied in sizes 2" x 2" and 3" x 3". Boxes of 500 or 1,000 (sterile) and 2,000 or 5,000 (nonsterile). Order from your dealer.

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The Publisher's Corner

By Mass

Number 294

MEMORANDA

THE GIRL TRAIN ANNOUNCER, out of sight at the hidden mike in Pennsylvania Station in New York—or maybe she was someone's grandmother. The clear, rounded, pleasant voice—not a bit like the customary jabber about what train is how late.

The poor old soul sitting on the curb, shaking his poor old head, telling himself out loud, "You're just a poor old soul."

The memory of the woman friend of the family telling in detail why Roosevelt (Theodore) wasn't doing his job right, while her own day-old dishes gathered flies in the sink.

The middle-aged cheaply clad dandy on the streetcar, having trouble staying stuck together as he clung to a strap: the tom collar-buttonhole and the collar now and then coming loose from its moorings; one of the detachable cuffs slipping down around his knuckles, having to be pulled up a few times; the too-big belt, requiring at intervals a snatching at the pants; the dingy old rubber upper occasionally dropping a bit and having to be sucked back.

* * *

Polishing the lamp chimneys with newspaper and busting one now and then as a happy solution. Being freed of the job. Bringing the kerosene can home from the grocer's, always with a poThe

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C. N letters though

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ing. potato stuck on the spout to keep the "coal oil" from sloshing out.

The letters that used to come from Eddie Kells in the old days, beautifully typed in blue on blue linen paper—letters full of good cheer and occasional monkey business. From a man bearing a bitter burden of suffering and endless apprehension, the tragic reward for his x-ray pioneering.

* * *

C. N. Johnson's gracious and encouraging and warm-hearted letters which he somehow found time to write in longhand although his working schedule was appalling.

* * *

The time he led me through a little door into the amphitheater of the dental college, unexpectedly to come face to face with his entire class. The request that I talk to them; the clumsy "speech"; the compassionate applause—for saying the wrong things the wrong way.

* * *

The clubwoman in pre-war days outlining the speech she was going to make—on human rights. Pausing to tell the pre-war maid that her day-off was cancelled, and she better like it.

* *

Good old Bill Benshoff recounting the lively time he had had at a Mexican bullfight when he jeered at the matador and the picadors, and cheered the bull—the rest of the audience not amused. The going-away-from-there as a health measure.

* * *

The time at one of Frank Dunn's speech-making classes, Bill presenting a talk about John Bunyan, and forgetting John's name in the middle of the eloquence, fishing in three pockets for a memo, muttering to himself, "Who the hell is the guy?"

* * *

The letter from an admirer, about this department being no-



DENSCO "

JETUICE

METHYL METHACRYLATE

DENTURE MATERIA

"Hugh"is one of those average patients who is fast acquiring an appreciation of form and color in denture materials. He can quickly see (like everyone else) the obvious advantage of having a natural and lifelike shade of material which matches his gums.

The DENSCO shade guide enables you to accurately match gum colors—and "Hugh" will tell his friends about it...

That's good business for you!

FULL

Ask your salesman

Distributed by .



DENTAL SPECIALTY MFL
BOX 420—DENVER 1, COLORADO, U. S. A. Co.

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good tripe, and the fun acknowledging it, telling about the tripe, Spanish style, that Mother used to make in early California days, tripe that was good, for all its looking like a diced bath-towel.

* * *

The dentist who used to send back ORAL HYGIENE postagepaid envelopes stuffed with religious tracts predicting dire doings. The marginal notes inquiring somewhat savagely about the state of our soul.

Veterans' Clearinghouse

A Dental Corps captain writes for a copy of "The Return to Civilian Dental Practice," writes from Okinawa, and says he likes the idea of the veterans' clearinghouse, which this department told about in September. Many, like himself, he says, will want to become associated with an established practice. Another Okinawa letter, from another Dental Corps captain, also asks for the "Return" booklet and continues: "ORAL HYGIENE has followed me everywhere. The second day after we invaded Leyte in the Philippines, the mail orderly presented me with my copy—and, oddly enough, I received another copy on the second day after we hit the beach on Okinawa! I'm still on Okinawa, and getting my ever-reliable ORAL HYGIENE regularly. It's a great companion while sweating out those points."

Here are some more clearinghouse want ads for which there wasn't room on the want-ad page, each identified by a letter:

I. A Brooklyn dentist has an opening for a veteran with a New York license, and at least a year's office experience.

J. A Toledo dentist has room for two Ohio-licensed veterans, permanent, well-paid positions.

K. An Iowa dentist will dispose of his fully equipped office "at a very reasonable price" to an Iowa-licensed veteran who wants a location.

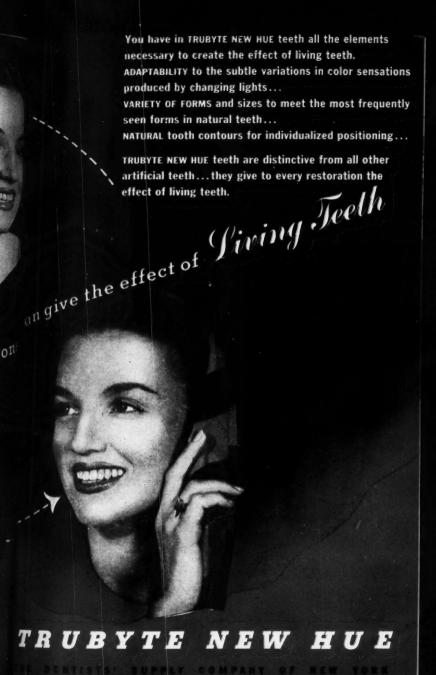
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AIDS YOUR PATIENTS IN DENTURE RETENTION

The function of a good denture powder is not to "stick" the plate in the mouth, but to help maintain the peripheral seal which is a fundamental necessity for denture retention.

FASTEETH is made from a carefully blended combination of gums designed to make it cohesive rather than adhesive. Thus, FASTEETH is not "mucilaginous" in function.

FASTEETH is alkaline and its alkalinity helps to prevent liquefaction by salivary acids. FASTEETH does not seep out readily from under the plate.

These are among the reasons why so many Dentists choose FASTEETH to give their patients longer and more pleasant aid while learning to wear an artificial denture.

FASTEETH

Clark-Cleveland, Inc. Binghamton, N. Y.	OH-8
Gentlemen: Please send professional samples teeth.	of Fas-
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Helps

FOR PATIENT EDUCATION!

X-RAY INTERPRETATION!

GRAPHIC OPERATIVE REFERENCE!

BURTON ALL-PURPOSE PROJECTOR



Patient understanding and acceptance of vitally-needed dentistry is dramatically accomplished with the precision-manufactured BURTON All-Purpose Projector.

For dentists interested in better radiograph diagnosis, BURTON X-Ray Projection facilitates interpretation through enlargement of minute details and subtle lines of differentiation.

Difficult surgical and operative procedures are made easier and clearer by simple reference to enlarged radiographs. The BURTON Projector helps render indecisive evidence conclusive, certain,

Available Only Through Your Local Dental Dealer

Write Him Today for Free Booklet, "Diagnostic Aid and Patient Education," Containing Complete Information.

BURTON
MANUFACTURING COMPANY
3855 N. Lincoln Avenue, Chicago 13, III.



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A MPRESSION in Kerr Snow-White Plaster, correctly mixed, should break away cleanly and without crumbling every time. The secret is in the plaster AND THE MIX.

Ask for our new folder

"Correct Mix for an Impression in Kerr Snow-White Plaster"

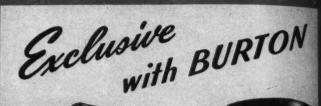
KERR DENTAL MFG. CO., Detroit 8, Mich. • Est. 1891

KERR

Snow-White

IMPRESSION PLASTER







ONLY THE BURTON TRI-LUMINAR provides a Fluorescent unit* for instrument tray illumination, X-ray viewing, and for shade matching and color mixing. With "Ball-Swivel" for easy movement.

No other light does this!

*15 wt. ultraviolet tube may be used instead of Fluorescent tube to maintain chain of asepsis at bracket table

-OBTAINABLE ONLY THROUGH YOUR LOCAL DENTAL DEALER.

WRITE OR PHONE him now for full information.



BURTON MANUFACTURING COMPANY 3855 N. Lincoln Avenue, Chicago 13, III.

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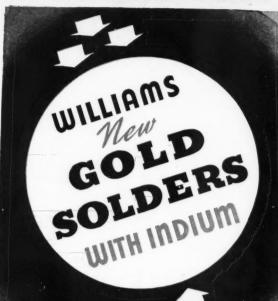
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the new masticatory movements, to retain dentures in position without displacement, and to increase bite strength.

Dentyne Gum-because of its firm resilience, and because it appears less apt to adhere to acrylic restorations - is highly favored by many dentists as a means of learning to use the new substitutes efficiently.

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An important advance in Soldering Techni



A new technical advantage is yours in these improved Williams Solders—it is an exceptional fluidity (or flowability) imparted by Indium. Soldered areas are held with greater bonding strength—have unusual durability and resistance to discoloration. Test out Williams new Gold Solders with Indium using your regular technic. All standard finenesses and shades. Stocked by your dealer.

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WILLIAMS GOLD REFINING CO., Inc.

BUFFALO 14, NEW YORK . FORT ERIE N., ONTARIO . HAVANA, CUBA







Positively the last word in Sterilizer beauty and germicidal efficiency is this Pelton Model 41-FL...Roomy... Impressive... Finished like the finest motor car... All the clever features you've admired, plus some more you've never heard about...Topped by the famous little 6 x 12 Pelton Dental Autoclave that sterilizes gloves, fabrics and other materials with 250 degrees of steam under pressure... Just what you've always wanted—and deserved... Your dealer can accept your order today.

Double Cabinet less Autoclave, \$145. With Autoclave as shown, \$290. Same plus 2-gal. Water Sterilizer, \$363. Western prices \$156, \$305.50 and \$380 respectively.

THE PELTON & CRANE CO.

Established 1900
DETROIT 2, MICH.

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MIZZY, INC. NEW YORK, N. Y.

Use MIZZY
DIAMOND CLEANER FOR AU DIAMOND INSTRUM

MIZZY DIA - TOOL NAMOND INSTRUMENTS

with any other diamond instruments offered to dentists . . .

and comparison proves that MIZZY DIA-TOOL DIAMOND INSTRUMENTS are the finest.

- Each instrument is made from the finest quality diamonds, selected for their natural sharp cutting edges.
- Diamonds are evenly spaced to insure high grinding efficiency.
- Each instrument is cold processed to prevent burning of fine diamond cutting edges.
- Each instrument is made with a heat conducting metal core to insure minimum heat generation.
- Each instrument is made with a precision shank to fit hand or angle pieces of every description.

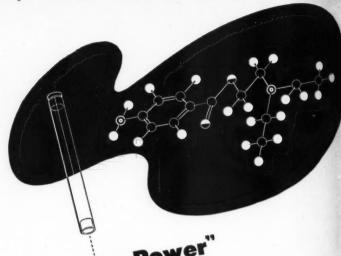
The Superiority of MIZZY DIA-TOOL DIAMOND INSTRU-MENTS over all others is proven by the Micro-Photographs.

"A" is the MIZZY DIA-TOOL DIAMOND INSTRUMENT.

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Micro-Photographs are enlarged 99 times.

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"Molecular Power"

at your service NOW!

In Procaine Hydrochloride science has successfully marshalled atoms to provide one of Dentistry's most dependable anesthetics. In Abbott Procaine Dental Cartridges this dependability is combined with utmost purity. Abbott Procaine Hydrochloride Solutions are isotonic and thus produce the least osmotic disturbance in infiltrated tissues. The solutions are sterile, stable, ready for use and quickly obtainable through prescription pharmacies in boxes of 10 and 100. Abbott Laboratories, North Chicago, Ill.

Abbott's

Procaine Hydrochloride 2% with Epinephrine 1:30,000
Procaine Hydrochloride 2% with Epinephrine 1:50,000
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Procaine Hydrochloride 2% (without Epinephrine)

Since Be in 1804, ited this patients which at world—4 Analysindicate chloride

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Bedford Springs, Pa. (circa 1850)

AS REFRESHING AS EVER

Since Bedford Springs were discovered in 1804, thousands of patients have visited this world-famous Spa. Today, your patients can enjoy, at home, one feature which attracts many to Spas all over the world-a sparkling saline laxative.

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Analyses of the waters of many Spas indicate that sodium sulfate, sodium chloride, and sodium bicarbonate are often the most important ingredients. These same salts are scientifically combined with sodium phosphate, lithium

carbonate, and tartaric acid in pleasanttasting SAL HEPATICA-providing a gentle, effective method of cleansing the intestinal tract.

For a gentle, more efficient laxative or thorough cathartic-direct your patients to dissolve SAL HEPATICA in a large glass (8 oz.) of water. Laxative Dose: 1 to 2 level tsps. Cathartic Dose: 4 level tsps.

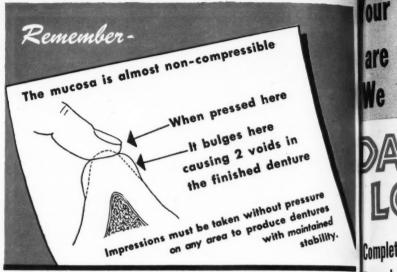
A Product of Bristol-Myers Company, 19 L

W. 50th St., New York 20, N. Y.

TO HELP FLUSH THE



INTESTINAL TRACT Sal Hepatica surrus Liquid Bulk!



orite IMPRESSION CEMENT is a pleasant, resinous cement which (unlike plaster or oil-pastes) sets harder than compound by action of moisture in the tissue. It produces an exact, detailed negative of the mucosa in passive, normal state -and thus, a denture in uniform contact with tissue.

It has many advantages: Highly accurate, no separation media necessary, setting time under positive control, may be used as blanks ... temporary rebase for weeks. Rounded, full functioning peripheries may be added by using our new Synthetic Impression Wax.

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Thru your dealer. Write for full information.

HARRY J. BOSWORTH COMPANY

1315 SOUTH MICHIGAN AVENUE . CHICAGO 5, ILLINOIS

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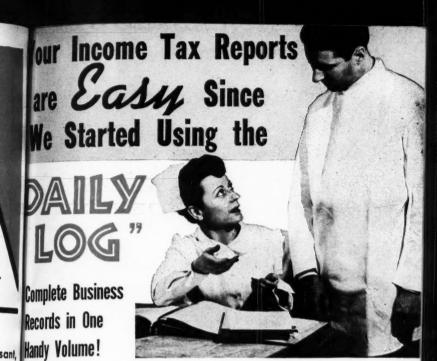
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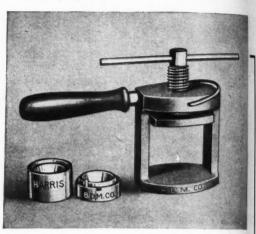
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Every Harris Round Flask has built-in accuracy and design features that offer assurance of better fitting acrylic inlays and jacket crowns. An investment lock retains all material in the mould to prevent porosity and an alignment pin holds the parts in constant relationship. Made from solid bar brass, finely finished.

The powerful, bronze Harris Clamp, providing 700 lbs, pressure, is made in one-flask and two-flask heights.

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A SQUARE FLASK for LARGER RESTORATIONS

Consists of four perfectly fitting parts that cannot be assembled improperly. Roomy interior, sturdy bronze construction. Price \$3.00.



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NOVEX X-RAY PROJECTOR-VIEWER

FOR MAXIMUM RETURNS FROM YOUR X-RAY BY PATIENT EDUCATION—BY BETTER DIAGNOSIS

MODERNIZE your technique with a Novex. Dental authorities for years have advocated pattent education as one of the most important links in modern dentistry. With this new Novex projector your patient is fascinated at seeing an enlarged image of the X-Ray, film . . . as you explain its meaning and make your recommendations for the work to be done. With a Novex, you employ your X-Ray films to greatest advantage—both in your own diagnosis and as a means of educating the patient.



VIEW OR PROJECT THE X-RAY FILM ALSO 2x2 SLIDES AND KODACHROMES

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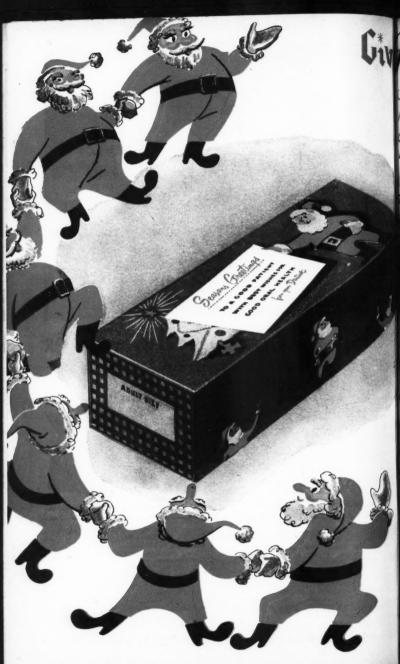
The Novex accommodates standard X-Ray mounts as well as 2x2 inch slides and Kodachromes. The projected image on the viewing screen is brilliant—easy to see under normal office lighting conditions. A greatly enlarged image may be projected to the wall or screen when desired. Modernize now with a Novex. Use the coupon. Immediate deliveries.

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☐ Would like a demonstration. ☐ Please send literature.
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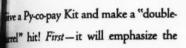
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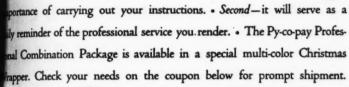
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for many happy returns of "Dental Health"





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dudes 50c Adult Py-co-pay Brush, and 50c Size Py-co-pay Powder.

R DOZ. \$2.50 . PER GROSS \$25.00

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Includes Junior Py-co-pay Brush, and 1 oz. package Py-co-pay Powder.

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Please ship___doz. Py-co-pay ADULT SIZE Professional Combination Packages.

"Natural" (Extra Hard)

☐ No. 2 Hard (Nylon)

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(Check texture wanted)

Please ship___doz. Py-co-pay JUNIOR SIZE Professional Combination Packages.

(Junior Brush in medium texture only)

Also for an additional \$.75 print my name on all brushes ordered as follows:

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DOCTOR_

ADDRESS

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STATE

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(Please include professional card or letterhead)



for denture wearers!

MOY

HOLDING POWDER

For people who have never worn a complete denture before, the first few days are the hardest. And it is during this "break-in" period that MOY Holding Powder can contribute materially to the patient's comfort and peace of mind.

MOY Powder does far more than just hold teeth in place. It literally acts as a shock-absorber or cushion between the hard denture and tender mouth tissues. MOY is pure white, alkaline and pleasantly flavored. It soothes sore gums, helps prevent gag-

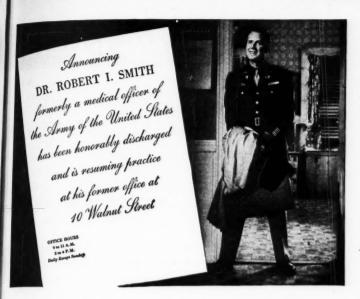
> ging and nausea—won't show thru translucent dentures.

> Give YOUR patients the extra help they need during a trying period —recommend MOY for comfort and self-confidence.



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Welcome Home, Doctor!

Warriors Without Weapons...Soldiers in White...Marshals of Mercy...

The medical men in the war will be the subject of novels, plays, and movies for years to come. But words, pictures . . . statistics, revealing as they are . . . won't begin to tell the whole story of the magnificent work you did. Nor will words be adequate to express fully the appreciation and thanks of your fellow men.

The makers of Camel cigarettes join with millions of others in saying, "Well done, Doctor" and "Welcome home!"

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TREAT POST-EXTRACTION PAIN LOCALLY - WITH COUNTER-IRRITATE

In promoting local relief from pain after extraction, Polaris In-Counter-irritant stimulates capillary activity in congested timehastening the reparative processes, increasing local nutrition, a encouraging better end results. That's why Poloris Dental Comirritant is the method of treatment preferred by many dentists.

Equally important indications for the use of Poloris Dental Contribution include pericementitis, post-filling sensitivity, above inflammation and emergency dental pain.

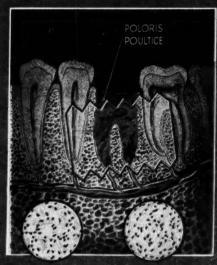
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Ischemia – retarded capillary action arising from vasoconstriction

Normal capillary action

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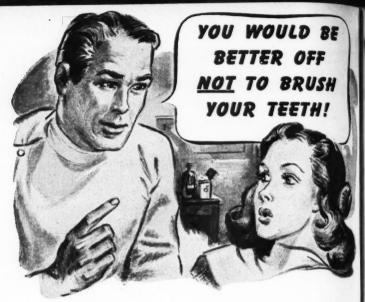
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DENTAL COUNTER-IRRITANT



Anyone who has observed the damage to teeth and gums caused by improper use of the tooth brush will agree that brushing incorrectly may be worse than not brushing at all.

That is why so many dentists recommend the D. D. Tooth Brush to their patients. For the D. D. Tooth Brush makes scientific brushing easy.

The ingenious twisted-handle of the D. D. Tooth Brush facilitates proper placement of the brush on the teeth... almost automatically insures desirable rotary motion. Leading periodontists acclaim the non-skid thumb rest which permits easy control of the compact brushhead for gentle gum massage.



A Perfect TEAM..

Rinn FLOATING Thermometer

A change in temperature of 4 degrees alters development time a minutes! Yes, solutions ARE "Either too Hot or too Cold" more often than not! . . . which means "dull" results in the finished radiograph. Here's a fine piece of darkroom equip ment that helps protect you against mediocre development yet is very inexpensive. Only by accurate development can you bring out the full range of gray tones to make sure you see "metal to fluid" at bulb . . . ALL the conditions.

* Handy FLOATING TYPE * Colored "danger areas" on large scale calibrated in units of one. Easily seen in

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registers quickly.

· Heat tempered glass.

* Scale curves toward the eye. Much greater legibility than average etched scale.

* Direct

RINN LONG-LAST Solutions Another important "protector" of your original work on the X-Ray appointment! This fine developer and fixer takes your films "safely thru" to the finished product, avoiding re-takes that are costly in time and money avoiding re-takes that are costly in time and money showing the full picture of the conditions in the mouth.

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LONG-LAST Solutions hold to a level strength from the start, making your time and temperaand easy to follow.

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Ask your dealer about use of Rinn LONG LAST Re-plenisher for "long" er term" stability.







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TYPE B-MEDIUM HARD GOLD COLOR

> For M.O.D. and Simple Inlays

Per Dwt. \$1.92

Certified to Meet A.D.A. Specification No. 5

"MODULAY" offers just those properties you need in M.O.D. Inlays adequate Strength to stand up under occlusal loads without distortion; a compatible Hardness to resist wear; and a high degree of Burnishability to facilitate finishing margins.

Use - or specify - MODULAY for Simple and M.O.D. Inlays.

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